

## Republic of the Philippines Province of Pampanga Bids and Awards Committee

Provincial Capitol, City of San Fernando, (P) / (045) 435-5122

P.R. No./Date/End User: 22-2708(HI)/7-25-22/DPMMH

Purpose: For Hospital use.

RFQ No. 220554 AUG 0 1 2022

	REQUEST FOR QUOTATION	
Company Name:		
Address:		
Tel. No.:		
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and submit to this Office duly	ce for the requirements listed hereunder subject to th signed by you or your representative not later than _	9:00 qm AUG 0 5: 2022
and submit to this Office duly APPROVED BUDGET FOR		9:00 GM AUG 0 5: 2022 FRANCISV. MASLOG
and submit to this Office duly		9:00 qm AUG 0 5: 2022

## **TERMS AND CONDITIONS:**

- All quotations may be typewritten or handwritten, placed in a sealed envelope.
- All quotations shall be valid for one hundred twenty (120) calendar days from the submission of the same.
- Any erasures or overwriting shall be valid only if they are signed or initialed by the supplier or its authorized representative.
- Interested suppliers are required to submit their valid current Mayor's Permit, PhilGEPS Registration Number, and Income/BIR Tax Return (for ABCs above P500,000.00) upon submission of quotation. In lieu of the Mayor's Permit and PhilGEPS Registration Number, the PhilGEPS Certificate of Platinum Membership may be
- submitted. For new businesses, submit the BIR Certificate of Registration in lieu of the ITR.
- The applicable rate for late deliveries is one tenth (1/10) of one percent (1%) of the cost of the unperformed portion for everyday of delay.
- The Provincial Government of Panpanga reserves the right to accept or reject any quotation, and to annul the procurement process and reject all quotations at any time prior to contract award, without thereby incurring any liability to the affected supplier/s.
- The PGP also reserves the right to waive any required formality in the proposals received, and select the proposal which it determine to be the most advantageous to the government.

Item				Unit	Total
No.	Quantity	Unit	Item Description	Price	Price
1	1	unit	Breast milk Refrigerator		
			Specs:		
			External size: (WxDxH) approximately 660x655x1980mm		
			Capacity: at least 360L		
			Package size: (WxDxH) approximately 708x720x2132mm		
			Consumption: at least 350w		
			Standard Accessory: LED Lamp & shelves. USB, Probe access port,		
			door keys		
			Shelves: Adjustable shelves made of high quality steel wire (5 pcs)		
2	1	unit	Video Laryngoscope		
			Specs:		
			3.5" LCD Full View Monitor		
			Anti-fog		
			Rotating angle of monitor: at least 120" up/down		
			Memory Storage: at least 8 GB		
			Camera: at least 2M pixel high resolution		
			Battery: Rechageable lithium battery		
			Continue next pagePage 1 of 2		

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Item No.	Overstite	TTuit		Unit	Total
NO.	Quantity	Unit	Item Description	Price	Price
			Reusable Blades: Miller 00,0,1; MAC 1,2,3,4,5 PMS		
			Free three (3) years quarterly preventive maintenance		
			Terms of Reference:		
			The documents/certification for the following should be attached		
			together with the quotation:		
			Brochure of the item/s being offered		
			Must be an accredited service provider of the brand		
			manufacturer/distributor.		
			3. Must have at least one (1) service facility in the province.		
			The procuring entity reserves the right to conduct product		
			testing/inspection if necessary to determine the fitness of		
			the item/s being offered by prospective supplier/s.		
			After Sales Service:		
			-One (1) year warranty on parts & services		
			-Replacement of defective items within 24 hours upon notification		
			Schedule of Requirements:		
			Delivery within ten (10) days upon receipt of NOA/PO		
			x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-		
			Total Las Daise		
NT.	TI.	1:	Total Lot Price shall submit a duly signed and notarized Omnibus Sworn Statement prior to notice a	Ļ	

THE BIDS AWARDS COMMITTEE:		
Having carefully read and accepted your Terms and Conditions, includi supply/deliver the item/s as noted above.	ng the technical specifications, I	We offer to
Supplier's authorized representative signature over printed name Designation:	BAC Canvasser	
Contact No.: Email Address.		* JCL