

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: 22-2854/8-1-22/PHO

Purpose: Dental Supplies for Alagang Nanay Dental Mission for 3 months.

RFQ No. 220595 AUG 1 8 2022

ı Territi	of ringing randy Defical Mission for 3 months.	AUG 1 8 2022
Company Name:	REQUEST FOR QUOTATION	
Tel. No.:		
Please quote your lowest pri and submit to this Office dul	ce for the requirements listed hereunder subject to the Ty signed by you or your representative not later than	Ferms and Conditions stated below 4:00 p. AUG 2 2 2022
APPROVED BUDGET FOR		FRANCIS V. MASLOG
THE CONTRACT (ABC):		Vice Chairperson Pers
PhP 923,513.00		Bids and Awards Committee

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 Pampanga 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 No.	Quantity	Unit	Item Description	Price	Price
1	176	box	Dental Anesthesia (Carpule) 50's		
2	210	box	Dental Needle Short G.30 (100s)		
3	20	box	Dental Needle Short G.27 (100s)		
4	135	box	Dental Needle Long G.27 (100s)		
5	105	btl	Gel Foam		
6	3	box	Chromic 3.0 12s		
7	10	box	Chromic 3.0 Cutting 12s		
8	25	jar	Topical Anesthesia Ointment Large		
9	20	рс	Dental Forcep #150		
10	20	рс	Dental Forcep #151		
* 1	20	рс	Dental Forcep #16		
12	10	рс	Dental Forcep #69		
13	10	рс	Dental Forcep #44		
14	20	рс	Dental Luxators		
15	20	рс	Dental Elevators		
16	5	set	Dental Pedo Forceps #150, #151, #16, #18R, #18L		
17	20	рс	Dental Syringe-ring type		
			Continue next pagePage 1 of 2		

m				Unit	Total
),	Quantity	Unit	Item Description	Price	Price
8	10	рс	Dental Surgical Scissor-Small		
9	50	рс	Dental Mouth Mirror		
20	50	рс	Dental Cotton Plier w/ lock		
21	10	set	Dental Crossbar right and left		
22	3	рс	Dental Loupe Head Light		
23	10	рс	Dental Enamel Tray		
24	2	рс	Dental Droplight		
25	4	рс	Dental Tray with cover large		
26	10	рс	Dental Tray with cover small		
			X-X-X-X-X-X-X-X-X-X-X-X-X-X		
			Terms and Conditions:		
			Brand/Model/Type of the item/s being offered must be		
			indicated in the quotation.		-
			2. Validity/Expiration must be at least 2 years from the date		
			of delivery.		
					-
			The procuring entity reserves the right to conduct product testing/		-
			inspection if necessary to determine the fitness of the items being		-
			offered by prospective suppliers.		
			After Sales Service:		
			-Replacement of defective items within 24 hours upon notification		
			by the end-user within six (6) months period.		
			Schedule of Requirements:		
			Delivery within ten (10) days upon receipt of NOA/PO.		
			Total Lot Price or shall submit a duly signed and notarized Omnibus Sworn Statement prior to notice		

THE BIDS AWARDS COMMITTEE:	
Having carefully read and accepted your Terms and Conditions, includir supply/deliver the item/s as noted above.	ng the technical specifications, I/We offer t
Supplier's authorized representative signature over printed name	BAC Canvasser
Designation:	
Contact No.:	* JCL
Email Address.	