



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: 22-3070/8-22-22/PDRRMO

Purpose: For Familiarization on Basic Extrication for Operations and Warning Division (EMS-Rescue Personnel) on September 14 and 15, 2022 and other operations.

RFQ No. 220618  
AUG 30 2022

REQUEST FOR QUOTATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Please quote your lowest price for the requirements listed hereunder subject to the Terms and Conditions stated below and submit to this Office duly signed by you or your representative not later than 4:00 p.m. SEP 05 2022

APPROVED BUDGET FOR  
THE CONTRACT (ABC):  
PhP 60,000.00

FRANCIS W. MASLOG  
Vice Chairperson *FW*  
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	Unit Price	Total Price
	3	boxes	<b>Resealable Pouch, Big</b> -(100 pcs/box) 11x11 inches, transparent Material: plastic		
	2	units	<b>Blood Pressure Apparatus with Sphygmomanometer and Stethoscope</b> -0-300mmHg Aneroid Gauge -Nylone Velcro sealing cuff with artery label and gauge holder -Cuff size latitude 25.4cm-40cm -Stainless steel twin head stethoscope with bell and diaphragm		
	30	pcs	<b>Chest Rig, Convertible to Leg Rig</b> -Adjustable shoulder strap and abdominal strap with radio holster Bag: Height: atleast 18 cm; Width: at least 17cm With Radio Holster: at least 25cm Material: oxford nylon With patch logo		
	3	units	<b>Medical Penlight</b> -Clip to hold, easy to carry -Battery operated 2x AAA Batteries		

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Item No.	Quantity	Unit	Item Description	Unit Price	Total Price
			Material: alloy		
			Luminous Flux: 10 Lumen		
			Beam Range: at least 5cm		
			-Push Button on/off switch		
			<b>Terms of Reference:</b>		
			1. Brochure of the item/s being offered must be attached or brand/type/model of the item/s being offered must be indicated in the quotation.		
			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		
			<b>After Sales Service:</b>		
			-Replacement of defective items within 24 hours upon notification by the end-user, within six (6) months period.		
			<b>Schedule of Requirements:</b>		
			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 Page 2 of 2		
			<b>Total Lot Price</b>		
Note.: The winning supplier shall submit a duly signed and notarized Omnibus Sworn Statement prior to notice of award.					

THE BIDS AWARDS COMMITTEE:

Having carefully read and accepted your Terms and Conditions, including the technical specifications, I/We offer to supply/deliver the item/s as noted above.

\_\_\_\_\_  
Supplier's authorized representative signature over printed name  
Designation: \_\_\_\_\_  
Contact No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_

\_\_\_\_\_  
BAC Canvasser

\* JCL

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Puro