



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: 22-3407 (H5) / 09-19-2022 / ERDH  
 Purpose: For hospital use.

RFO No. 220693  
 SEP 27 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. **OCT 03 2022**

APPROVED BUDGET FOR  
 THE CONTRACT (ABC):  
 PhP 55,000.00

FRANCIS V. MASLOG  
 Vice Chairperson *pm*  
 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 deadline of 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
	<b>1</b>	<b>pc</b>	<b>EXTRAORAL AEROSOL VACCUM</b>		
			Technical Specifications:		
			Motor: Brushless DC Motor		
			Voltage AC: 220V / 50Hz		
			Power: Approximately 250 watts		
			Static Pressure: Approximately 300pa		
			Dimension:		
			Length: Range between 400-410 mm		
			Width: Range between 228-238 mm		
			Height: Range between 460-470 mm		
			Light (germicidal): 265~285 nm		
			Wavelength Intensity: approximately 2260µW/cm2		
			Noise Level: ≤62db		
			Weight: Approximately 14.2kg		
			<b>Terms of Reference:</b>		
			The following must be attached or accomplished together with the quotation:		
			<b>Continue next page ... page 1 of 2</b>		

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Item No.	Quantity	Unit	Item Description	Unit Price	Total Price
			1. Must have FDA Certification/Certificate of Product Registration/License to Operate for Medical Supplies and Equipment.		
			2. Brochure of the item/s being offered must be attached or brand/model/type 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>		
			-One (1) year warranty		
			-Replacement of defective items within 24 hours upon notification by the end-user within the warranty period.		
			<b>Schedule of Requirements</b>		
			Delivery within ten (10) days upon receipts of PO/NOA		
			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

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