



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: 22-3724 / 10-10-2022 / PHO  
Purpose: Reagents for Maccura Hematology Analyzer (MDH)

RFQ No. 220768  
OCT 20 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 24 2022

APPROVED BUDGET FOR  
THE CONTRACT (ABC):  
PhP 340,550.00

FRANCIS V. MASLOG  
Vice Chairperson *Puro*  
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
1	5	box	Maccura Hematology Analyzer GD5 Diluent 20L		
2	3	box	Maccura Hematology Analyzer LD-5 Lyse 1L		
3	4	btl	Maccura Hematology Analyzer LH-5 Lyse 500ml		
4	2	btl	Maccura Hematology Analyzer Fluorescent Dye 42ml		
5	2	set	Maccura Hematology Analyzer Control Test Set (L,N,H) 3vial x 4.5ml		
<b>Terms and Conditions:</b>					
The following documents must be attached or accomplished together with the quotation:					
1. License to operate.					
2. Certificate of Product Registration for all items.					
3. The supplier shall submit Material Safety Data Sheet for all items.					
4. With Valid Inventory at least twice the quantity requirement of the project to assure after sales service and schedule of requirement.					
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Item No.	Quantity	Unit	Item Description	Unit Price	Total Price
			The procuring entity reserves the right to require sample/s to determine the fitness of the product/s offered.		
			<b>After Sales Service:</b>		
			1.Expiration period must be at least one (1) year from the date of delivery.		
			2.Replacement of defective products delivered shall be replaced without cost to the Procuring Entity within 24 hours.		
			<b>Schedule of Requirements</b>		
			1.Delivery/ies shall commence within five (5) calendar days from the notice of award/PO.		
			2.Progressive delivery and billing		
			3.Quantity and date of delivery shall be subject to at least Five (5) days notification by the end-user.		
			<del>x-x-x-x-x-x-x-x-x-x-x-x-x-x</del> 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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