



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: 22-3834(HI) / 10-18-2022 / DPMMH  
Purpose: For hospital use.

RFO No. 220785  
OCT 24 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 9:00 a.m. OCT 28 2022

APPROVED BUDGET FOR  
THE CONTRACT (ABC):  
PhP 210,712.00

FRANCIS V. MASLOG  
Vice Chairperson *Francis*  
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>Supply, Delivery &amp; Installation of Roller Shades Blinds</b>		
			Fabric Combination, Class A, Heavy Duty		
			Color: Dark Brown with complete accessories		
			<b>Main Building</b>		
			<b>Left Wing Room</b>		
1	3	panel	Size: 140cm x 250cm		
2	6	panel	Size: 140cm x 265cm		
3	1	panel	Size: 140cm x 183cm		
			<b>Prayer Room</b>		
4	2	panel	Size: 140cm x 183cm		
			<b>Ward 1</b>		
5	2	panel	Size: 140cm x 265cm		
			<b>Ward 2</b>		
6	2	panel	Size: 140cm x 265cm		
			<b>Continue next page ... page 1 of 2</b>		

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Item No.	Quantity	Unit	Item Description	Unit Price	Total Price
			<b>Emergency Room</b>		
7	1	panel	Size: 214cm x 165cm		
8	1	panel	Size: 214cm x 100cm		
9	2	panel	Size: 214cm x 60cm		
			<b>Lobby</b>		
10	1	panel	Size: 214cm x 153cm		
11	1	panel	Size: 214cm x 273cm		
12	1	panel	Size: 214cm x 465cm		
			<b>SCU</b>		
13	7	panel	Size: 120cm x 80cm		
			<b>NICU</b>		
14	1	panel	Size: 140cm x 320cm		
			<b>Labor Room</b>		
15	1	panel	Size: 80cm x 150cm		
			<b>CSR</b>		
16	1	panel	Size: 120cm x 80cm		
17	4	panel	Size: 80cm x 150cm		
			<b>Doctor's Room</b>		
18	1	panel	Size: 80cm x 150cm		
19	1	panel	Size:140cm x 186cm		
			<b>Terms of Reference:</b>		
			1.With service facility in the locality for after sales service.		
			The procuring entity reserves the right to conduct product testing/inspection to determine the fitness of the products being offered by the prospective supplier.		
			<b>After Sales Service:</b>		
			One (1) year warranty on parts and labor		
			<b>Schedule of Requirements:</b>		
			Ten (10) days upon receipt of PO.		
			<b>x-x-x-x-x-x-x-x-x-x-x-x-x-x Page 2 of 2</b>		
			<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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