



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: 22-4379(H5)/11-23-22/ERDH  
 Purpose: For Hospital use.

RFO No. 220943  
 DEC 0 5 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. DEC 0 9 2022 :

APPROVED BUDGET FOR  
 THE CONTRACT (ABC):  
 PhP 100,000.00

FRANCIS V. MASLOG  
 Vice-Chairperson *fmw*  
 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 |
|----------|----------|------|--|------------|-------------|
| 1        | 1        | lot  | <b>Inspection and Preventive Maintenance of Pressure Steam Sterilizer</b>                |            |             |
|          |          |      | Brand: WEGO, SN: MS307003  |            |             |
|          |          |      | Scope of work:   |            |             |
|          |          |      | Removal and cleaning of heater assembly  |            |             |
|          |          |      | Cleaning of water level sensor and boiler assembly                                       |            |             |
|          |          |      | Cleaning of water reservoir and copper tubing  |            |             |
|          |          |      | Checking and cleaning of temperature sensors   |            |             |
|          |          |      | Machine inspection and functional testing  |            |             |
|          |          |      | Repair, Inspection and Preventive Maintenance of Manual                                  |            |             |
| 2        | 1        | lot  | <b>Repair, Inspection and Preventive Maintenance of Manual Pressure Steam Sterilizer</b> |            |             |
|          |          |      | Scope of Work:   |            |             |
|          |          |      | Replacement of Timer Assembly  |            |             |
|          |          |      | Replacement of burnt electrical wires and connectors                                     |            |             |
|          |          |      | Rewiring and wire harnessing   |            |             |
|          |          |      | Machine inspection and functional testing  |            |             |
|          |          |      | Final testing and commissioning  |            |             |
|          |          |      | Inclusive of parts   |            |             |

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| Item No. | Quantity | Unit | Item Description   | Unit Price | Total Price |
|----------|----------|------|--|------------|-------------|
|          |          |      | <b>Must submit of the following together with the quotation:</b>                         |            |             |
|          |          |      | 1. Registered Biomedical Engineer Certification/License or<br>Tesda Certified Technician |            |             |
|          |          |      | <b>After Sales Service.</b>  |            |             |
|          |          |      | -One (1) year warranty on parts and labor  |            |             |
|          |          |      | -24/7 technician availability within the locality during calls.                          |            |             |
|          |          |      | -Issuance of calibration certification.  |            |             |
|          |          |      | -With service facility within the locality for after sales service.                      |            |             |
|          |          |      | <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-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