



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: 22-4848 / 12-27-22 / DBFDH
 Purpose: For hospital patients use.

RFQ No. 230006
 JAN 06 2023

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. JAN 10 2023

APPROVED BUDGET FOR
 THE CONTRACT (ABC):
 PhP 165,000.00

FRANCIS V. MASLOG
 Vice Chairperson *pcms*
 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	66	pcs	Hospital Bed Cover		
			Leather Touch		
			Color: Blue		
			Dimensions:		
			Length: 77 inches		
			Width: 37 inches		
			Thickness: 4 inches		
			Terms of Reference:		
			The procuring entity reserves the right to conduct product testing /inspection to determine the fitness of the items being offered by prospective supplier.		
			After Sales Service:		
			Replacement of defective items within 24 hours upon notification by the end-user.		
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Item No.	Quantity	Unit	Item Description	Unit Price	Total Price
			Schedule of Requirements:		
			Delivery within ten (10) days upon receipt of PO.		
			x-x-x-x-x-x-x-x-x-x-x-x-x-x page 2 of 2		
			Total Lot Price		
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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