



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: 22-4829 (H3) / 12-23-22 / RPDH

(Reposting) RFQ No. 230007

Purpose: For repair of X-ray Machine, Autoclave Machine, ECG, O.R/ Lights and D.R. Lights FEB 16 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. FEB 20 2023

APPROVED BUDGET FOR
THE CONTRACT (ABC):
Php 98,000.00

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	1	unit	Repair of O.R. lights (O.R.) Chromophare D-53		
			Scope of Work:		
			1. Replace of Power Supply 2 units (Switching Power Supply)		
			2. Inspection of Electrical and Electronics Components		
			3. Rewiring		
			4. Functionality Testing		
2	1	unit	Repair of D.R. Lights (D.R.)		
			Scope of Work:		
			1. Replace of Power Supply 2 units (Switching Power Supply)		
			2. Modification Control Panel		
			3. Re-wiring of Power Supply		
			4. Re-wiring of Control Panel		
			5. Inspection of Electrical and Electronics Components		
			6. Functionality Testing		
3	1	unit	Repair of ECG Machine Replace Battery (Lithium Ion Polymer 7.4 Volts)		
			Continue next page ... page 1 of 2		

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Item No.	Quantity	Unit	Item Description	Unit Price	Total Price
			Scope of Work:		
			1. Replacement of 18650 battery pack		
			2. Voltage output checking		
			3. Charge and Discharge testing		
			4. Functionality Testing		
4	1	unit	Repair of Autoclave Machine		
			Scope of Work:		
			1. Replacement of 1 unit level gauge (glass)		
			2. Replacement of 1 unit Solenoid Valve		
			3. Replacement of 1 unit Ball Valve		
			4. Replacement of 2 units LED Lamp Indicator		
			5. Functionality Testing		
5	1	unit	Repair of X-ray Machine LISTEM SN. 080080		
			Scope of Work:		
			1. Replacement of circuit breaker automatic voltage regulator		
			2. Inspection of Electrical and Electronics Components		
			3. Voltage and amp. Checking		
			4. Functionality Testing		
			After Sales Service:		
			At least three (3) months warranty on all parts replaced		
			Schedule of Requirements:		
			Within five (5) days upon receipt of PO.		
			x-x-x-x-x-x-x-x-x-x-x-x-x-x page 2 of 2		

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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