

Republic of the Philippines Province of Pampanga Bids and Awards Committee

Provincial Capitol, City of San Fernando, (P) / (045) 435-5901

P.R. No./Date/End User: 23-3603 / 09-14-2023 / GSO

Purpose: For use in GO Medical Assistance.

RFO No. 230842 SEP 2 8 2023

	REQUEST FOR QUOTATION
Company Name: Address:	
Tel. No.:	
Please quote your lowest price for the reand submit to this Office duly signed by	equirements listed hereunder subject to the Terms and Conditions stated below you or your representative not later than 4:00 p.m. oct 0 3 2023
APPROVED BUDGET FOR	FRANCIS V. MASLOG
THE CONTRACT (ABC):	Vice Chairperson Purs
PhP 270,000.00	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 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				Unit	Total
No.	Quantity	Unit	Item Description	Price	Price
- Comment	500	pads	Medical Assistance Form		
			Size: 6" x 8.5"		
		COLOR DE CO	Carbonless Paper (White & Yellow), Offset Print Colored		The second secon
	and processing of the control of the	Production State of the State o	2 ply, 50's/pad with Serial Number	ACM AND THE THE STATE OF THE ST	
			(See attached layout)		
2	500	pads	Color Blue Booklet		ATTA ORGANIZATION PARAMETRIA PARAMETRIA
And the state of t			Size: 6" x 8.5"		
			Offset Print Colored		
			50's/pad with Serial Number		
			(See attached layout)		
3	500	pads	Color Green Booklet		
			Size: 6" x 8.5"		
# NEW YORK STREET			Offset Print Colored	er chryser accommun. I accomm huntur sprakes score dues completel	
THE OWN THE REAL PROPERTY.			50's/pad with Serial Number		
			(See attached layout)		
			Continue next page page 1 of 2	erapus setum yilan iti salan salan salan iti yang tangan tangan salan salan salan salan salan salan salan sala	

Pins

tem				Unit	Total
O.	Quantity	Unit	Item Description	Price	Price
4	500	pads	Color Purple Booklet		
			Size: 6" x 8.5"		
	Manufacture of the Control of the Co		Offset Print Colored	***************************************	
			50's/pad with Serial Number		
			(See attached layout)		
			Terms of Reference:		
			1. With printing facility within the locality to assure delivery of		
			Orders and after sales service.		
			2. The procuring entity reserves the right to conduct product		
			testing/inspection to determine the fitness of items being		
			being offered by prospective supplier.		
			3. Print sample must be submitted together with the quotation.		
			After Sales Service:		
			- Replacement of defective items upon notification by the		
			end-user within 24 hours.		
			Schedule of Requirements:		
			-Delivery within ten (10) days upon receipt of PO/NOA		
			x-x-x-x-x-x-x-x-x-x page 2 of 2		
			*		and the second s
			Total Lot Price r shall submit a duly signed and notarized Omnibus Sworn Statement pr		

THE BIDS AWARDS COMMITTEE:

Having carefully read and accepted your Terms and Conditions, include supply/deliver the item/s as noted above.	ing the technical specifications, I/ we offer t
Supplier's authorized representative signature over printed name	BAC Canvasser
Designation:	
Contact No.:	
Email Address.:	*yang

Republic of the Philippines PROVINCE OF PAMPANGA City of San Fernando, Pampanga

OFFICE OF THE GOVERNOR DENNIS "DELTA" PINEDA

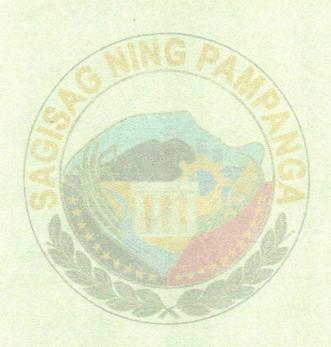
Date:	STE NING PARIS
Dir. Jonathan V. Dirain Regional Director DSWD FO3, Brgy. Maimpis City of San Fernando (P)	SAS AND
Dear Dir. Dirain:	
Kindly provide assistance in the amo	ount of
	(P)
to Mr./Ms.	, an indigent client from
	, Pampanga.
IX.	
The financial assistance extended to intended to the undersigned.	them shall be charged from the alloted funds
We are glad to be your partner in he	lping our constituents.
Thank you and warm regards.	
	Very truly yours,
	DENNIS G. PINEDA
	Governor
Control No:	

Republic of the Philippines
PROVINCE OF PAMPANGA
City of San Fernando
OFFICE OF THE GOVERNOR
OFFICE OF THE VICE GOVERNOR



APPROVED BY:

HON. DENNIS G. PINEDA Governor Republic of the Philippines
PROVINCE OF PAMPANGA
City of San Fernando
OFFICE OF THE GOVERNOR
OFFICE OF THE VICE GOVERNOR



APPROVED BY:

HON. DENNIS G. PINEDA Governor HON. DENNIS G. PINEDA

Governor

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