



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 28 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. OCT 03 2023**

APPROVED BUDGET FOR
THE CONTRACT (ABC):
Php 270,000.00

FRANCIS V. MASLOG
Vice Chairperson *Fms*
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	500	pads	Medical Assistance Form Size: 6" x 8.5" Carbonless Paper (White & Yellow), Offset Print Colored 2 ply, 50's/pad with Serial Number (See attached layout)		
2	500	pads	Color Blue Booklet 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" Offset Print Colored 50's/pad with Serial Number (See attached layout)		
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Fms

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

**OFFICE OF THE GOVERNOR
DENNIS "DELTA" PINEDA**

Date: _____

Dir. Jonathan V. Dirain
Regional Director
DSWD FO3, Brgy. Maimpis
City of San Fernando (P)



Dear Dir. Dirain:

Kindly provide assistance in the amount of

_____ (P _____)

to Mr./Ms. _____, an indigent client from
_____, Pampanga.

The financial assistance extended to them shall be charged from the allotted funds intended to the undersigned.

We are glad to be your partner in helping 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

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