

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: 23-3725 (H6) / 09-20-2023 / MDH

RFQ No. 230852

| Purpose: For hospital use for three (3) months. | SEP 2 9 2023 |
|--|---|
| REQUEST FOR | QUOTATION |
| Company Name: Address: Tel. No.: | |
| Please quote your lowest price for the requirements listed he and submit to this Office duly signed by you or your represent | tative not later than 4:00 p.m. 0CT 0 3 2023 |
| APPROVED BUDGET FOR | FRANCIS |
| THE CONTRACT (ABC): PhP 189,000.00 | Vice Chairperson Pour Bids and Awards Committee |
| TERMS AND C | 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 grasures or overwriting shall be valid only if they | 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 |

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,

are signed or initialed by the supplier or its authorized

- 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 |
| | 500 | cyls | Medical Oxygen Std. Size (Refill) 1,800psi/cylinder | | |
| | | | | | |
| | | | Conditions: | | |
| | | | 1. Progressive delivery, schedule and quantities of deliveries | | |
| | | | within 72 hours notification by the end-user. | | |
| | | | 2. Quotation of prospective suppliers are inclusive of | | |
| | | | delivery cost. | | |
| | | | X-X-X-X-X-X-X-X-X-X-X | | |
| | | Total Lot Price | | | |

THE BIDS AWARDS COMMITTEE:

award.

representative.

| Having carefully read and acce | epted your Terms an | nd Conditions, | including the | technical | specifications, | I/We of | ter to |
|----------------------------------|---------------------|----------------|---------------|-----------|-----------------|---------|--------|
| supply/deliver the item/s as not | ed above. | | | | | | |
| 11 7 | | | | | | | |

| supply/ deriver the remins as noted above. | |
|---|---------------|
| Supplier's authorized representative signature over printed name Designation: | BAC Canvasser |
| Contact No.: Email Address.: | *yang |