

PhP 408,600.00

Republic of the Philippines Province of Pampanga Bids and Awards Committee

Provincial Capitol, City of San Fernando, (P) / (045) 435-5122

RFQ No. 230617 P.R. No./Date/End User: 23-2547 (H5) / 06-26-2023 / ERDH JUL 0 6 2023 Purpose: For hospital use. 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.r FRAN APPROVED BUDGET FOR Vice Chairperson THE CONTRACT (ABC): 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		***************************************		Unit	Total
No.	Quantity	Unit	Item Description	Price	Price
1	1	box	Disposable Electrosurgical Snare (10pcs/box)		
			-Length: 2300mm		
			-Channel \$ize: Minimum 2.8mm		
			-Portion Diameter: Maximum 10mm, 0.40mm, 2.6mm		
2	1	box	Biopsy Forceps for Colonoscopy (Single use)		
			-Oval		
			-Without Mandrel		
	1		-20's/box		
			-Coated		
			-Pliers opening 7mm		
			-Dimension: Diameter 2, 4mm x 2300mm		
3	1	рс	Channel Cleaning Brush (Reusable)		
			-Stiffer and thicker bristles	-	
			-With high kink resistance and pushability to new flexible sheath		
			-Plastic tip on distal end of brush wire to protect scope channel		
			Continue next page page 1 of 2		

em		T.T. /.	Itam Description	Unit Price	Total Price
Io. 4	Quantity 1	Unit	Item Description Grasping Forceps Rat Tooth	11100	THE
4	1	рC	-Working Length: at least 105cm		
		-	-Open Width: at least 3.5mm		
			-Minimum Channel Size: at least 2.6mm		
			-Milling Charlier Size, at least 2.011111		1
			Terms of Reference:	The same of the sa	
_			1. All items must be compatible with the existing Endoscopy		
			Tower System Olympus Evis Optera 170 series.		
			2. Must have an authorized dealer/distributor of the item/s		
			being offered.		
			3. Must have LTO from FDA for medical devices.		
			4. The procuring entity reserves the right to conduct product		
			testing/inspection if necessary to determine the fitness of the		
			items being offered by prospective supplier/s.		
			5. With service facility in the locality.		
			After Sales Service:		
			1. One (1) year warranty on parts and service.		
			2. Replacement of defective item/s within 24 hours upon		
			notification by the end-user.		
-			Schedule of Requirements:		
			-Within ten (10) days upon receipt of PO.		
			x-x-x-x-x-x-x-x-x page 2 of 2		
			AA		
			Total Lot Price		
	The winning	g supplie	er shall submit a duly signed and notarized Omnibus Sworn Statement pr	ior to no	lice of

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.

BAC Canvasser

Supplier's authorized representative signature over printed name

Designation: Contact No.:

Email Address.:

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