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: **22-4550(H2)/11-29-22/ECCMH**
Purpose: For Hospital use for three (3) months.

RFQ No. 220957
DEC 12 2022

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 9:00 a.m. DEC 16 2022 :

APPROVED BUDGET FOR
THE CONTRACT (ABC):
PhP 190,000.00

FRANCIS V. MASLOG
Vice-Chairperson
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 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
	500	cyl	**Medical Oxygen 1800 PSI**		
			-Progressive delivery as needed within 24 hours upon		
			Notification by the end-user		
			-Item included of delivery cost.		
			x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x		
			Total Lot Price		

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

* JCL