

Republic of the Philippines Province of Pampanga

Bids and Awards Committee

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

JAN 18 2024

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RFQ No. **240046**P.R. No. / Date / End User / Purpose:
(24-0184 (H1) 1/11/2024 DPMMH FOR HOSPITAL USE;)

REQUEST FOR QUOTATION Small Value Procurement 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. JAN 2 3 2024

APPROVED BUDGET FOR THE CONTRACT (ABC):

PhP 658,500.00

FRANCIS V. MASLOG VICE-CHAIRNERSON AM 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 and latest quarterly return or percentage tax..
- 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.	Qty	Unit	<u>Item Description</u>	Unit Price	Total Price
1	50	PIECES	HOSPITAL BED MATTRESS (PRE-CUT SOLID FOAM, BLUE, AT LEAST 6 INCHES THICK, 36 INCHES WIDTH x 75 INCHES LENGTH, HEAVY DUTY. WITH SOFT LEATHERETTE COVER AND ZIPPER WITH 4 PLASTIC ROUNDS VENTS. (2pcs/slide)		
2	50	PIECES	IV STAND WITH CASTER WHEELS, STAINELESS STEEL , AT LEAST FOUR (4) HOOKS. HEAVY DUTY		
3	20	PIECES	DESK/WALL TYPE ANEROID SPYGMOMANOMETER, ADULT, HEAVY DUTY		
4	10	PIECES	MEDICAL DROPLIGHT / GOOSENECK LAMP WITH COVER, 5 WHEELS, ADJUSTABLE HEIGHT, STAINLESS STEEL BODY, WITH AT LEAST MAXIMUM OF 60W 220V. HEAVY DUTY		
5	15	PIECES	STANDARD WHEELCHAIR WITH IV POLE, HEAVY DUTY WEIGHT: AT LEAST 16KGS SEAT WIDTH: AT LEAST 18INCHES SEAT MAX CAP.: AT LEAST 200POUNDS FRONT TIRE: AT LEAST 8INCHES CASTOR REAR TIRE: AT LEAST 24INCHES WITH BLACK LEATHERETTE SEAT, HARD PLASTIC RIM, FIXED PLASTIC ARMREST, FIXED FOOTREST FOLDED FOOTPLATE.		

em (Qty	Unit	Item Description	Unit Price	Total Price
			TERMS OF REFERENCE:		
			THE FOLLOWING DOCUMENTS MUST BE ATTACHED OR		
			ACCOMPLISHED TOGETHER WITH THE QUOTATION:		
			1. BRAND/TYPE OF THE ITEM/S BEING OFFERED MUST BE INDICATED IN	3	
			THE QUOTATION.		
			2. WITH SERVICE FACILITY FOR AFTER SALES SERVICE.		
			3. THE PROCURING ENTITY RESERVES THE RIGHT TO CONDUCT		
			PRODUCT TESTING/INSPECTION IF NECESSARY TO DETERMINE THE		
			FITNESS OF THE ITEM/S BEING OFFERED BY PROSPECTIVE SUPPLIER/S.		
			AFTER SALES SERVICE:		
			1.REPLACEMENT OF DEFECTIVE ITEMS WITHIN 24 HOURS UPON		
			NOTIFICATION BY THE END-USER.		
			2.ONE (1) YEAR WARRANTY ON PARTS AND SERVICES.		
			SCHEDULE OF REQUIREMENTS:		
			DELIVERY WITHIN TEN (10) DAYS UPON RECEIPT OF PO/NOA.		
- Anna Marie		The state of the s	Total Lot Price		
Tl	representation parameters in	**************************************	pplier shall submit a duly signed and notarized Omnibus Sworn Statement		

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	BAC CANVASSER
Designation:	
Contact No.:	
Email Address.:	May

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