



Republic of the Philippines  
Province of Pampanga  
**Bids and Awards Committee**  
Provincial Capitol, City of San Fernando, (P) / (045) 435-5901

MAR 21 2024

RFQ No. **240274**  
P.R. No. / Date / End User / Purpose:  
**(24-1160 3/11/2024 Provincial Health Office To be used during disaster operations)**

**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. MAR 26 2024**

APPROVED BUDGET FOR  
THE CONTRACT (ABC):  
**PhP 362,340.00**

**FRANCIS V. MASLOG**  
VICE CHAIRPERSON *Francis*  
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	Item Description	Unit Price	Total Price
1	396	Pieces	Hygiene Kit 1. 3 Toothbrush (2 adult, 1 child) 2. 1 Tooth Paste 100 ml 3. 1 Hand Soap/Body Soap 120 grams 4. 1 Face towel Regular 5. 1 Full Bath Towel Regular 6. 12 Shampoo with Conditioner 6ml 7. 1 Sanitary Napkin (8pcs/pad) 8. 2 Tissue roll 2 ply 9. 5 Underwear (Free-size: 2 Briefs, 3 Panties) 10. 1 Laundry Soap/Detergent 500 grams 11. 1 Isopropyl Alcohol 500ml 12. 1 Utility Pail (medium) 24 liters/ Plastic (any color) 13. 1 Dipper (medium) (any color) 14. 1 Water bottle/ Tumbler 8.5 oz (any color)  Items nos. 1 to 11 shall be packed in a resealable clear plastic.		

*Francis*

	<u>Item Description</u>	Unit Price	Total Price
	<p><b>Terms of Reference:</b></p> <ol style="list-style-type: none"> <li>1. Certificate of Cosmetic Product Notification for items number 2, 6, and 11</li> <li>2. The procuring entity reserves the right to conduct product testing/inspection if necessary to determine the fitness of the item/s.</li> <li>3. Brand of the items offered must be indicated in the quotation except item nos. 12, 13 and 14.</li> </ol> <p><b>After Sales Service:</b></p> <ol style="list-style-type: none"> <li>1. With at least Eighteen (18) months expiration upon delivery for consumables.</li> <li>2. Defective items discovered within seven (7) days from date of delivery must be replaced within 24 hours upon notification by the end-user.</li> </ol>		
	<p><b>Schedule of Requirements:</b></p> <ol style="list-style-type: none"> <li>1. Within Fifteen (15) calendar days from receipt of PO/NOA.</li> </ol>		
<b>Total Lot Price</b>			
<p>Note: The winning supplier shall submit a duly signed and notarized Omnibus Sworn Statement prior to notice of award.</p>			

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

May

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