



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

APR 08 2024

RFQ No. **240338**
P.R. No. / Date / End User / Purpose:
(24-1497(H1) 4/2/2024 DPMMH FOR HOSPITAL USE; (NON ACCOUNTABLE FORMS))

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 **9:00 a.m. APR 12 2024**

APPROVED BUDGET FOR
THE CONTRACT (ABC):
PhP 137,000.00

FRANCIS V. MASLOG
VICE-CHAIRPERSON *Pin*
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 | 8000 | pieces | Out Patient Record Card Color: White, 28cm x 21.5cm at least 240gsm | | |
| 2 | 4000 | pieces | Out Patient Control Card Color: Green with letterhead, 5 3/4" x 3.5" at least 240gsm | | |
| 3 | 1500 | pieces | Medical Social Service Card Color: Yellow, 14cm x 10.5cm at least 240gsm | | |
| 4 | 500 | pieces | Dental Record Card Color: White, 28cm x 21.5c, at least 240gsm | | |
| 5 | 2 | piece | EMERGENCY ROOM RECORD BOOK, 300's 45cm x 26.5cm, Hard Bound - Navy Blue | | |
| 6 | 1 | piece | MINOR OPERATING ROOM RECORD BOOK, 300's 45cm x 26.5cm, Hard Bound - Navy Blue | | |
| | | | <p>TERMS OF REFERENCE: 1. With printing facility in the locality. 2. The procuring entity reserves the right to require print samples to determine the fitness of the product being offered by prospective supplier.</p> <p>AFTER SALES SERVICE: Defective items discovered within seven (7) days from date of delivery must be replaced within 24 hours upon notification by the end-use</p> <p>SCHEDULE OF REQUIREMENTS: Deliver within ten (10) days upon receipt of PO/NOA.</p> | | |

Total Lot Price

Note: The winning supplier shall submit a duly signed and notarized Omnibus Sworn Statement prior to notice of award.

WARDS 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

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