



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

MAY 03 2024

RFQ No. 240429

P.R. No. / Date / End User / Purpose:

(24-1666(H8) 4/17/2024 DALDH PREVENTIVE MAINTENANCE AND CALIBRATION OF VARIOUS MEDICAL EQUIPMENT AT DALDH)

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. MAY: 06 2024**

APPROVED BUDGET FOR
THE CONTRACT (ABC):
PhP 98,900.00

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 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
			Preventive Maintenance and Calibration of Various Medical Equipment		
1	5	units	Pipette		
2	3	unit	Microscope		
3	2	units	Table top centrifuge		
4	2	unit	Hematocrit centrifuge		
5	1	unit	Hot air oven		
6	1	unit	Pharma refrigerator		
7	1	unit	Blood bank refrigerator		
8	1	unit	Semi chemistry analyzer		

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No.	Qty	Unit	Item Description	Unit Price	Total Price
9	1	unit	Water Bath		
10	1	unit	Portable electronic scale		
11	1	unit	Laboratory refrigerator		
12	1	unit	Autoclave		
			<p>SCOPE OF WORK:</p> <ol style="list-style-type: none"> 1. Inspection, Preventive Maintenance & Calibration. 2. Verification of output using test equipment. 3. Inspection of electrical and electronics components. 4. Functional testing. 5. Final testing and commissioning. <p>Must submit the following together with the quotation:</p> <ol style="list-style-type: none"> 1. Registered biomedical engineer certification/license either/or TESDA certified Biomedical Equipment Technician. <p>TERMS OF REFERENCE:</p> <ol style="list-style-type: none"> 1. The procuring entity reserves the right to conduct product testing/inspection. 2. Issuance of calibration certification. <p>AFTER SALES SERVICE:</p> <ol style="list-style-type: none"> 1. At least one (1) year warranty on service. 2. Defective workmanship discovered within seven (7) days therefrom must be rectified at no cost within 24 hours upon notification by the end-user. <p>SCHEDULE OF REQUIREMENTS:</p> <ul style="list-style-type: none"> > Rendition of service within ten (10) days upon receipt of PO/NOA 		
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.: _____

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