

Bids and Awards Committee

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

DEC 22 2023

RFQ No. **231134**

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

(23-4931 12/5/2023 Provincial Health Office Consolidated Radiologic Supplies for 3 months (ERDH, DALDH, ECCMH, JSLDH, MDH, RPDH and SLDH))

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. DEC: 27 2023**

APPROVED BUDGET FOR
THE CONTRACT (ABC):
Php 588,680.00

FRANCIS V. MASLOG
VICE-CHAIRPERSON *pm*
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	75	vial	Contrast Media CT Scan 50 ml Iopamidol; Iopamidol 612mg/ml		
2	75	vial	Contrast Media CT Scan 100 ml Iopamidol; Iopamidol 612mg/ml		
3	1	box	Disposable Electrodes (50's/box)		
4	130	roll	ECG Paper - Thermal Paper 80 mm x 20m		
5	375	roll	ECG Paper - Thermal Paper 50mm x 30 m		
6	45	pc	Injector Syringe 100ml; 100ml Disposable Syringe with 1.5 coiled patent tubing spike; Compatible to APO machine		
7	350	roll	Paper Towel Tissue 225 mm x 225 mm, 2 ply		
8	5800	pc	Photo Paper A4 200 GSM		
9	19	roll	Thermal Paper Type 1 (NORMAL) 110mm x 20m		
10	2	roll	Thermal Paper Type 2 110mm x 20m		
11	6	roll	Ultrasound thermal paper 110mm x 18m Type V		
12	1	box	X-ray Fixer and Replenisher Automatic Contents : 2 bot (5 liters/bot solution) and 2 bot (460 ml activator)		

		Dispenser Automatic Contents: 2 bot (5 liter/bot sol) and 2 bot (460ml Activator)		
		TERMS AND CONDITION: 1. License to Operate as Medical Device Manufacturer/Trader/Distributor/Retailer Issued by the FDA 2. Certificate of Product Registration for Items number 1,2 and 6 3. The procuring entity reserves the right to conduct product testing or inspection if necessary to determine the fitness of the item/s		
		AFTER SALES SERVICE: 1. Expiration period must be at least one (1) year from the date of delivery for consumables 2. Defective products delivered shall be replaced without cost to the Procuring Entity within 3 days from notification by the end-user.		
		SCHEDULE OF REQUIREMENTS: 1. Delivery 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.: _____

 BAC CANVASSER

 May