



JUN 06 2024

RFQ No. 240556
P.R. No. / Date / End User / Purpose:
(24-3119(H9) 5/22/2024 DOMINGO B. FLORES DISTRICT HOSPITAL For the Preventive Maintenance of Anesthesia Machine)

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. JUN 11 2024**

APPROVED BUDGET FOR
THE CONTRACT (ABC):
Php 75,000.00

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	1	lot	<p>Anesthesia Machine</p> <ul style="list-style-type: none"> - Replacement of internal tubings - Replacement of soda lime absorbent - Replacement of pneumatic tee connectors - Replacement of pneumatic straight connectors - Replacement of distribution valve seal - Cleaning of unit - Leak testing high/low pressure - Repair of distribution valves - Replacement of quick connector fittings - Inspection of vaporizer - Inspection of bellows - Inspection of anesthesia / ventilator driving gas circuit - Inspection of pressure regulator/line pressure gauge - Alarm reset - Inspection of electrical and electronics components. - Verification of output using test equipment. - Functional testing. - Final testing and commissioning. <p>Must submit the following together with the quotation:</p> <ol style="list-style-type: none"> 1. With Training Certificate from duly registered Biomedical Industry as Biomedical Equipment Technician / License 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 parts & service. 2. Defective items and faulty workmanship discovered within the warranty period shall be rectified by the supplier within two (2) days after notification of the end-user at no cost to the procuring entity. <p>SCHEDULE OF REQUIREMENTS:</p> <ul style="list-style-type: none"> - Repair & Commissioning 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.

pm

pm

JUN 06 2024

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

Jaq

pen