



Republic of the Philippines
Province of Pampanga

Bids and Awards Committee

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

JUL 29 2024

RFQ No. **240719**
P.R. No. / Date / End User / Purpose:
(24-3894(H1) 7/17/2024 DPMMH FOR HOSPITAL USE (PRINTING EXPENSE))

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. AUG: 02 2024**

APPROVED BUDGET FOR
THE CONTRACT (ABC):
PhP 147,500.00

ATTY. CECIL L. ANDIN
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
1	1	piece	BLOOD CHEMISTRY IN-PATIENT RECORD BOOK, 300's, 35cm x 24cm, Hard Bound, Color: Navy Blue		
2	1	piece	BLOOD CHEMISTRY OUT-PATIENT RECORD BOOK, 300's, 35cm x 24cm, Hard Bound, Color: Navy Blue		
3	1	piece	HEMATOLOGY IN-PATIENT RECORD BOOK, 300's, 35cm x 24cm, Hard Bound, Color: Navy Blue		
4	2	piece	HEMATOLOGY OUT-PATIENT RECORD BOOK, 300's, 35cm x 24cm, Hard Bound, Color: Navy Blue		
5	5000	piece	OPD CONTROL CARD, Color: Green, 5 3/4" x 3.5" at least 240gsm.		
6	5000	piece	OUT PATIENT RECORD CARD, Color: White, 28cm x 21.5cm, at least 240gsm		
7	5000	piece	MEDICAL SOCIAL SERVICE CARD, Color: Yellow, 14cm x 10.5 cm, at least 240 gsm		

Item No.	Qty	Unit	Item Description	Unit Price	Total Price
8	500	piece	<p>DENTAL RECORD CARD, Color: White, 28cm x 21.5 cm, at least 240gsm (Please see attached samples for reference)</p> <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 the 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 user.</p> <p>SCHEDULE OF REQUIREMENT: Deliver within ten (10) days upon receipt of PO/NOA</p>		
Total Lot Price					
<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

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