

Republic of the Philippines Province of Pampanga

Bids and Awards Committee

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

JUL 2 9 2024

RFQ No. 240721

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

(24-3853(H6) 7/15/2024 MABALACAT DISTRICT HOSPITAL PARTS AND LABOR FOR THE PREVENTIVE MAINTENANCE AND CALIBRATION OF VARIOUS MEDICAL EQUIPMENT AT MDH-MABALACAT)

REQUEST FOR QUOTATION Small Value Procurement						
Company Name:						
Address:		·····				
Tel. No.:	ì					

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 2:00 a.m. AUG 0 2: 202

APPROVED BUDGET FOR THE CONTRACT (ABC): PhP 64,000.00

Bids and Awards Committee

- 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.

CHAIRPERSON

- 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	<u>Item Description</u>	Unit Price	Total Price
			PREVENTIVE MAINTENANCE AND CALIBRATION OF VARIOUS MEDICAL EQUIPMENT AT MDH-MABALACAT		
1	2	unit	Anesthesia Machine		
2	2	unit	Autoclave		
3	6	unit	Weighing Scale		

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Item No.	Qty	Ünit	<u>item Description</u>	Unit Price	Total Price
			Scope of Work; 1. Inspection, Preventive Maintenance and Calibration 2. Cleaning of unit. 3. Inspection of electrical and electronics components. 4. Lubricate all movable parts. 5. Inspection of probes cables and connectors. 6. Program checking. 7. Verification of output using test equipment. 8. Functionality testing. 9. Final testing and commissioning.	. ,	
			Must submit the following together with the quotation: 1. Certificate of Training or Accreditation or Diploma or Completion or License or TESDA Certificate of the Blomedical Equipment Engineer or Technician or Certifier must be attached together with the Quotation.		
			TERMS OF REFERENCE: 1. The procuring entity reserves the right to conduct product testing/inspection. 2. Must have atleast one (1) service facility in the locality with 24/7 on call technician for after sales service. 3. Issuance of Calibration Certificate.		
			AFTER SALES SERVICE: 1. At lease one (1) year warranty on service. 2. 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.		
			SCHEDULE OF REQUIREMENTS: > Repair & Commissioning within ten (10) days upon receipt of PO/NOA.		
	<u> </u>	.L	Total Lot Price		
Note: award		rinning	supplier shall submit a duly signed and notarized Omnibus Swo	rn Statement prid	or to notice of
THE B	IDS A\	NARDS	S COMMITTEE:		
-	_	_	ead and accepted your Terms and Conditions, including the techr item/s as noted above.	nical specification	s, I/We offer to
Suppli	ier's a	uthori	zed representative signature over BAC	CANVASSER	_

printed name

Designation:

Contact No.:

Email Address.: