

## Republic of the Philippines Province of Pampanga

## **Bids and Awards Committee**

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

AUG 1 6 2024

RFQ No. 240790

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

(24-4161 8/5/2024 PHO-MOLE Parts and Labor for the Preventive Maintenance and Calibration of Various Medical Equipment at MOLE Laboratory DPMMH)

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	Small Value Procurement	
Company Name:		
Company Name:Address:		

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. AUS 2024

APPROVED BUDGET FOR THE CONTRACT (ABC): PhP 93,500.00 FRANCIS V.WASLOG
VICE CHAIR FERSON Phone
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 John.
- 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 MOLE LABORATORY DPMMH		
1	3	Unit	Mini Medical Centrifuge		
2	2	Unit	Micro High Speed Centrifuge		
3	3	Unit	Vortex Mixer		
4	6	Unit	Laboratory Refrigerator and Freezer		
5	1	Unit	Drying Oven		
6	1	Unit	Auto Steam Sterilizer		
7	2	Unit	Dry Block Heater		
			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 or 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 Biomedical Equipment Engineer or Technician or Certifier must be attached together with the Quotation.	1,478	

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والمستنسخين	nit <u>Item Description</u>	Unit Price	Total Price
	TERMS OF REFERRENCE:		
	<ol> <li>The procuring entity reserves the right to conduct product testing/inspection.</li> <li>Must have at least one (1) service facility in the locality with 24/7 on call technician for after sales service.</li> <li>Issuance of Calibration Certificate.</li> </ol>		
	AFTERSALES SERVICE:  1. At least one (1) year warranty on 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 enduser at no cost to the procuring entity.	, )	
	SCHEDULE OF REQUIREMENTS:  > Repair and Commissioning within ten (10) days upon receipt of PO/NOA.		
	Total Lot Price		

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Having carefully read and accepted your Terms and Conditions	s, Including the technical specifications,	, I/We offer to supply/deliver t	he item/s as noted
above.			

Supplier's authorized representative signature over printed name	BAC CANVASSER	
Designation:		
Contact No.:		Jac
Fmail Address:		