

Republic of the Philippines Province of Pampanga

Bids and Awards Committee

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

FEB 0 5 2024

RFQ No. 240095

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

(24-0502 1/26/2024 PDRRMO Replenishment of First Aid Kits Distributed to Public and Private Schools in Province)

	REQUEST FOR QUOTATION	ton-modes-decision-multiple and participated and participated and company of the second and the
etrotaki menganian kanakan kelala menganian kantan mengahikan sebagai kelalakan kan	Small Value Procurement	
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Company Name: Address:		
Tel. No.:		
		APPRICATE AND ADDRESS OF THE APPRICATE ADDRESS OF THE APPRICATE AND ADDRESS OF THE APPRICATE

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. FEB 1 2 2024

APPROVED BUDGET FOR THE CONTRACT (ABC): PhP 996,075.00

AIRPERSON Purs Bids and Awa ds Cox mittee

- **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
- 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.

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- 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
1	855	packs	First Ald Kits in Resealable Plastic Pack Oral Rehydration Salts (ORS), 5 pcs., w/ certificate of product registration Alcohol, Isopropyl, 500ml, 1 pc., w/ certificate of product registration/notification Hydrogen Peroxide, 120ml, 1 pc., w/ certificate of product registration Povidone Iodine 10%, 120ml, 1 pc., w/ certificate of product registration Wound patch, 1 box Cotton balls, 1 bag, 25 pcs. Sterile Gloves (large), 2 pcs. Sterile Gauge 4x4, 5 pcs. Sterile Gauze 2x2, 5 pcs. Gauze Roll 4", 1 roll Nitrile Gloves (large), 10 pairs Micropore Tape 1", 1 pc. Sterile Cotton Applicator, 5 pcs. Elastic Bandage 2", 1 pc. Elastic Bandage 4", 1 pc. Surgical Mask, 10 pcs		

m Qty o.	Unit	<u>Item Description</u>	Unit Price	Total Price
		Terms of Reference: 1. License to operate as drug & medical device manufacturer/trader/distributor issued by the FDA. 2. Brochure of the item/s being offered must be attached together with the quotation. 3. The procuring entity reserves the right to conduct product testing/inspection to determine the fitness of the items being offered by prospective supplier/s.		
		After Sales Service: 1. Defective items discovered within seven (7) days from date of delivery must be replaced within 24 hours upon notification by the end-user. 2. Expiration must be at least 15 months from the date of the delivery. Schedule of Requirements: Delivery within fifteen (15) days upon receipt of PO/NOA.		
		Total Lot Price		

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	BAC CANVASSER
Designation:	
Contact No.:	
Email Address.:	May