



Republic of the Philippines  
Province of Pampanga

**Bids and Awards Committee**

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

**FEB 19 2024**

RFQ No. **240153**

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

**(24-0623 2/6/2024 GO To be used in the Alagang Nanay Preventive Health Care Program)**

**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. FEB. 23 2024**

APPROVED BUDGET FOR  
THE CONTRACT (ABC):  
**PhP 819,000.00**

**FRANCIS V. MASLOG**  
VICE CHAIRPERSON *Fms*  
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	2400	pads	<b>Prescription Pad</b> - Material: Carbonless, Offset Print Colored - Print: 1st Page Colored Text and Image, 2nd page black & white - with Serial Number - Color: White and Yellow - 100 sheets/pad (50pcs White with colored text and image, 50pcs Black & white) - Size: 8.5" x 6" <b>(SEE ATTACHED LAY-OUT)</b>		
2	1500	pads	<b>Medical Procedure Pad</b> - Material: Carbonless, Offset Print Colored - Print: 1st Page Colored Text and Image, 2nd Page Black & White - With Serial Number - Color: White and Yellow - 100 sheet/pad (50pcs white with colored text and image, 50 pcs Black & white) - Size: 4" x 6" <b>(SEE ATTACHED LAY-OUT)</b>		

*Fms*



Item No.	Qty	Unit	Item Description	Unit Price	Total Price
3	1500	pads	<b>Laboratory Request Pad</b> - Material: Carbonless, Offset Print Colored - Print: 1st Page Colored Text and Image, 2nd Page Black & White - with Serial Number - Color: White and Yellow - 100 sheets/pad (50pcs White with Colored Text and Image, 50pcs Black and White) - Size: 4" x 6" <b>(SEE ATTACHED LAY-OUT)</b>		
			<b>TERMS OF REFERENCE:</b> 1. With printing facility within the locality to assure delivery of orders and after sales service. 2. The procuring entity reserves the right to conduct product testing/inspection to determine the fitness of the items being offered by prospective supplier/s. 3. Print sample must be submitted together with the quotation.		
			<b>AFTER SALES SERVICE:</b> Replacement of defective items upon notification of the end user with 24 hours.		
			<b>SCHEDULE OF REQUIREMENTS:</b> Delivery with ten (10) days upon receipt of NOA/PO.		
<b>Total Lot Price</b>					

Note: The winning supplier shall submit a duly signed and notarized Omnibus Sworn Statement prior to notice of award.

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

May

*Pen*



Provincial Government of Pampanga  
City of San Fernando Pampanga

PATIENT \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ AGE \_\_\_\_\_

### Alagang Nanay

SCREENING FOR MEDICAL PROGRAM

**Rx** \_\_\_\_\_ ECG \_\_\_\_\_

\_\_\_\_\_ 2D ECHO \_\_\_\_\_

\_\_\_\_\_ X-RAY \_\_\_\_\_

\_\_\_\_\_ CT SCAN \_\_\_\_\_

\_\_\_\_\_ ULTRASOUND \_\_\_\_\_

\_\_\_\_\_ MAMMOGRAM \_\_\_\_\_

\_\_\_\_\_ OTHERS: \_\_\_\_\_

\_\_\_\_\_ M.D.



Provincial Government of Pampanga  
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\_\_\_\_\_ MAMMOGRAM \_\_\_\_\_

\_\_\_\_\_ OTHERS: \_\_\_\_\_

\_\_\_\_\_ M.D.

*pen*





Provincial Government of Pampanga  
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**Alagang Nanay**

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SCREENING FOR MEDICAL PROGRAM

**Rx** \_\_\_ CBC W/ PLATELET \_\_\_ TRIGLYCERIDES \_\_\_ HbA1c  
 \_\_\_ CREATENINE \_\_\_ ALK. PHOS \_\_\_ SODIUM (NA)  
 \_\_\_ FBS \_\_\_ PHOSPORUS \_\_\_ LDL-C  
 \_\_\_ CHOLESTEROL \_\_\_ ABO TYPING \_\_\_ HEPA PROFILE  
 \_\_\_ SGOT \_\_\_ PRO TIME \_\_\_ VDRL  
 \_\_\_ SGPT \_\_\_ OGTT \_\_\_ CT  
 \_\_\_ AMYLASE \_\_\_ RETIC COUNT \_\_\_ BT  
 \_\_\_ URINALYSIS \_\_\_ POTASSIUM (K)  
 \_\_\_ STOOL EXAM \_\_\_ CALCIUM  
 \_\_\_ PREGNANCY TEST \_\_\_ HDL-C  
 \_\_\_ ESR \_\_\_ T3  
 \_\_\_ BUN \_\_\_ T4  
 \_\_\_ URIC ACID \_\_\_ TSH  
 \_\_\_ PTT \_\_\_

\_\_\_\_\_  
M.D.



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\_\_\_\_\_  
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