

Company Name:

Republic of the Philippines Province of Pampanga

Bids and Awards Committee

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

OCT 1 0 2024

RFQ No. 241004

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

(24-5137 10/1/2024 Provincial Health Office Medical Oxygen Refill for Alagang Nanay Preventive Health Care Program (Medical Oxygen Stockpile))

REQUEST FOR QUOTATION
Small Value Procurement

| Tel. No | | | | | | |
|-------------|--|---|---|--|---|---|
| Please o | quote y uly sigr | our low ned by y | rest price for the requirements listed hereunder surplies to $4:00$ | ubject to the Terms and Condi p.m. 0CT 1 5 2024 | tions stated below an | d submit to this |
| | All quesealed ee All quesealenda Any ee signed ce Inter Mayor's Tax Retu | uotation envelope uotation r days fr erasures or initiale ested su Permit, urn (for on. In lie ation Nu | APPROVED BUDGET FOR THE CONTRACT (ABC): PhP 274,050.00 TERMS AND 0 s may be typewritten or handwritten, placed in a | FRAI C Bids and | ne unperformed portion ont of Pampanga reserve on, and to annul the pro ions at any time prior to irring any liability to the e right to waive any requal ond select the proposal w | for everyday s the right to curement c contract affected uired formality which it |
| | percent | age tax. | | | Unit Price | Total Price |
| Item No. | Qty | Unit | Item Description | | Omerrice | 1000111100 |
| 1 | 725 | cyl | Medical Oxygen (Standard) Refill, 1800 PSI, 50lbs | | | |
| | | | Terms of Reference: 1. Progressive delivery, schedule and quantities on notification by the end user. 2. Quotation of prospective supplier are inclusive. | | | |
| | | | | | | |
| | | | | Total Lot Price | | |
| Note: | The win | ning su | pplier shall submit a duly signed and notarized Or | nnibus Sworn Statement prio | r to notice of award. | |
| TUEDI | DC AVAI | NDC (| OMMITTEE. | | | |
| | carefu | | OMMITTEE: and accepted your Terms and Conditions, includi | ng the technical specifications | , I/We offer to supply | deliver the item/s as |
| | | | | | | |
| Design | ation: _ | | representative signature over printed name | В | AC CANVASSER | |
| Contac | Contact No.: | | | | | |