



Republic of the Philippines
Province of Pampanga
Bids and Awards Committee
Provincial Capitol, City of San Fernando, (P) / (045) 435-5901

OCT 04 2024

RFQ No. **240989**
P.R. No. / Date / End User / Purpose:
(24-5091 9/27/2024 Provincial Health Office For the use in the Alagang Nanay Preventive Healthcare 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 **4:00 p.m. OCT: 08 2024**

APPROVED BUDGET FOR
THE CONTRACT (ABC):
PhP 800,000.00

FRANCIS V. MASLOG
CHAIRPERSON
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	2000	vial	Biphasic Isophane Insulin (Recombinant DNA origin 100iu) 10mL		
			<p>TERMS OF REFERENCE:</p> <ol style="list-style-type: none"> 1.) License to Operate as Drug Manufacturer/Trader/Distributor issued by FDA. 2.) Certificate of Product Registration issued by FDA. 3.) Certificate of Dealership/Sub-dealership of the items being offered. 4.) Brand of the item/s offered must be indicated in the quotation. 5.) The procuring entity reserves the right to conduct product testing/inspection if necessary to determine the fitness of the item/s being offered by prospective supplier/s 6.) Must have valid inventory at least twice the quantity requirement to assure product availability. <p>AFTER SALES SERVICE:</p> <ol style="list-style-type: none"> 1.) Expiration date must be at least two (2) years from the date of delivery. 2.) Defective items discovered within seven (7) days from date of delivery must be replaced within 24 hours upon notification by the end-user. 3.) Inclusive of 1 unit Chest type Refrigerator with at least 250 L capacity <p>SCHEDULE OF REQUIREMENTS:</p> <ol style="list-style-type: none"> 1.) Schedule of delivery within ten (10) days upon receipt of PO/NOA. 		

Total Lot Price

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

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

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