



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

OCT 03 2024

RFQ No. **231128 (Reposting)**
P.R. No. / Date / End User / Purpose:
(23-4691 11/21/2023 Provincial Health Office Dental Supplies for 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 **4:00 p.m. OCT. 08 2024**

APPROVED BUDGET FOR
THE CONTRACT (ABC):
PHP 500,195.00

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 | 150 | pack | Cotton Balls (300/pack) | | |
| 2 | 200 | box | Dental Anesthesia Carpule (50/box) | | |
| 3 | 50 | box | Dental Needle Short Gauge 27 (100/box) | | |
| 4 | 50 | box | Dental Needle Short Gauge 30 (100/box) | | |
| 5 | 50 | box | Dental Needle Long Gauge 27 (100/box) | | |
| 6 | 100 | box | Examination Gloves Medium (100/box) | | |
| 7 | 100 | box | Examination Gloves Large (100/box) | | |
| 8 | 25 | btl | Gelatin Absorbable (10/btl) | | |
| 9 | 30 | jar | Topical Anesthesia Ointment 50g | | |

| NO. | | Unit | <u>Item Description</u> | Unit Price | Total Price |
|--|--|------|--|------------|-------------|
| | | | <p>Terms and Condition:</p> <p>1.) Must submit License to Operate as Drug and Medical Device Manufacturer/Trader/Distributor issued by the FDA.</p> <p>2.) Certificate of Product Registration issued by the FDA and Certificate of Authorized Dealership/Distributorship for items No. 2 and 9.</p> <p>3.) The procuring entity reserves the right to conduct product inspection if necessary, to determine the fitness of the product being offered.</p> <p>After Sales Service:</p> <p>1.) Expiration period must be at least one (1) year from the date of delivery.</p> <p>2.) Replacement of defective items within 24 hours upon notification by the end-user.</p> <p>Schedule of Requirement:</p> <p>1.) Within three (3) days upon receipt of PO/NOA.</p> | | |
| Total Lot Price | | | | | |
| <p>Note: The winning supplier shall submit a duly signed and notarized Omnibus Sworn Statement prior to notice of award.</p> | | | | | |

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

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