

Republic of the Philippines Province of Pampanga

Bids and Awards Committee

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

NOV 2 0 2024

RFQ No. 241148

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

(24-5682(H1) 11/11/2024 DPMMH FOR HOSPITAL USE (PRINTING EXPENSE))

	THE RESIDENCE OF THE PROPERTY	
	REQUEST FOR QUOTATION	MANUAL TERRETARIA A HISTORIA DE LA CARRESTA DEL CARRESTA DEL CARRESTA DE LA CARRE
	Small Value Procurement	
Company Name:	The second secon	
Address:		
Tel. No.:		
Please quote your lowest price fo	or the requirements listed because I	

listed hereunder subject to the Terms and Conditions stated below and esentative not later than 4:00 p.m. NOV 2 6 2024 submit to this Office duly signed by you or your representative not later than

> APPROVED BUDGET FOR THE CONTRACT (ABC): PhP 164,400.00

MASLOG Bids and A ds dmmittee

- 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 deveries 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	<u>Item Description</u>	Unit Price	Total Price
1	500	piece	SUPPLY LEDGER CARD, COLOR: CREAM, 28cmX21.5cm		
2	4200	piece			
3	7500	piece	OUT PATIENT RECORD CARD, COLOR: WHITE, 28cmX21.5cm		
4	2000	piece	MEDICAL SOCIAL SERVICE CARD, COLOR: YELLOW, 14cmX10.5cm		
5	500		DENTAL RECORD CARD, COLOR: WHITE, 28cmX21.5cm		
6	1	piece	EMERGENCY RECORD BOOK,300'S, 45cm x 26.5 cm, Hard Bound, Color: Navy Blue		
7	1	piece	HEMATOLOGY IN PATIENT RECORD BOOK,300'S, 45cm x 26.5 cm, Hard Bound, Color: Navy Blue		
8	2	piece	URINALYSIS IN PATIENT RECORD BOOK,300'S, 45cm x 26.5 cm, Hard Bound, Color: Navy Blue		
9	2	piece	URINALYSIS OUT PATIENT RECORD BOOK,300'S, 45cm x 26.5 cm, Hard Bound, Color: Navy Blue		
10	1	piece	BLOOD CHEMSTRY OUT PATIENT RECORD BOOK, 300'S, 45cm x 26.5 cm, Hard Bound, Color: Navy Blue		

		NUV 2 0 2024
Item Description		
OPERATING ROOM RECORD BOOK,300's, 45cm x 26.5 cm, Hard Boun Color: Navy Blue		Total Price
** SEE ATTACHED SAMPLE FOR READY REFERENCE**		
TERMS OF REFERENCE: 1. With Printing Facility in the locality. 2. The procuring entity reserves the right to require print samples to determine the fitness of the product being offered by the prospective supplier.		
AFTER SALES SERVICE: Replacement of defective items within 24 hours upon notification by the end user within the warranty period		
SCHEDULE OF REQUIREMENT: Delivery within ten (10) calendar days upon receipt of PO/NOA		
Total Lot Price		
Note: The winning supplier shall submit a duly signed and pater in the		
Note: The winning supplier shall submit a duly signed and notarized Omnibus Sworn Stateme	ent prior to notice of aw	ard.
THE BIDS AWARDS COMMITTEE:		
Having carefully read and accepted your Terms and Conditions, including the technical specific the item/s as noted above.	cations, I/We offer to su	upply/deliver
Supplier's authorized representative signature over printed name Designation: Contact No.: Email Address.:	CANVASSER	

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