

Contact No.: Email Address.: _

Republic of the Philippines Province of Pampanga

Bids and Awards Committee

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

OCT 3 1 2024

RFQ No. 241054

(24-5193(H6) 10/7/2024 MABALACAT DISTRICT HOSPITAL For the use of patients for three (3) months.)	
REQUE	ST FOR QUOTATION
Sm	nall Value Procurement
Company Name:	
Address:	
Tel. No.:	
Please quote your lowest price for the requirements listed h Office duly signed by you or your representative not later th	hereunder subject to the Terms and Conditions stated below and submit to this han 4:00 p.m. No. 10 5 2024

APPROVED BUDGET FOR THE CONTRACT (ABC): PhP 189,000.00

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.

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- · 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
- · 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.

May

Item No.	Qty	Unit	<u>Item Description</u>	Unit Price	Total Price
1	500	cyls	Medical Oxygen (Standard) Refill 1,800 psi, 50lbs. Schedule of Requirements 1. Progressive delivery; schedule & quantities of delivery within 72 hours notification by the end-user. 2. Quotation of Prospective Supplier are inclusive of delivery cost.		

	Total Lot Price	
Note: The winning supplier shall submit a duly signed and notarized Omnibus	Sworn Statement prior to notice of awa	ard.
THE BIDS AWARDS COMMITTEE:		
Having carefully read and accepted your Terms and Conditions, including the titem/s as noted above.	technical specifications, I/We offer to su	ipply/deliver the
Supplier's authorized representative signature over printed name		