



Republic of the Philippines  
Province of Pampanga

**Bids and Awards Committee**

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

NOV 25 2024

RFQ No. **241177**

P.R. No. / Date / End User / Purpose:  
**(24-5570(H1) 11/4/2024 DPMMH FOR HOSPITAL USE;)**

**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 **9:00 a.m.** NOV 29 2024

APPROVED BUDGET FOR  
THE CONTRACT (ABC):  
**PhP 700,000.00**

**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	2	unit	Centrifuge  Technical Specification: Rotor Rotation Speed: 100-3500RPM Timer: 1-99min Maximum Centrifugal Force: 2300RCF Break levels: 6 Working Range Temperature: From +10 up to +40 Celsius Relative Air Moisture at 20 Degrees Celsius Voltage and Frequency: 100-240V;50/60Hz Maximal Consumable Power: 250W Size of Device (LxWxH): Manufacturer Standard Weight: Manufacturer Standard		

Item No.	Qty	Unit	<u>Item Description</u>	Unit Price	Total Price
			<p><b>TERMS OF REFERENCE:</b></p> <ol style="list-style-type: none"> <li>1. Must submit License to Operate as Medical Device Manufacturer/Trader/Distributor issued by FDA ✓</li> <li>2. Printed document/material with the brand/model/specification of the item/s being offered must be attached together with the quotation.</li> <li>3. With service facility in the locality for after sales service. ✓</li> <li>4. The procuring entity reserves the right to conduct product testing/inspection to determine the fitness of the items being offered by prospective supplier/s. ✓</li> <li>5. Shall provide training to authorized Medical Technologist regarding the use and operation as well as the proper maintenance. ✓</li> </ol> <p><b>AFTER SALES SERVICE:</b></p> <ol style="list-style-type: none"> <li>1. One (1) year warranty on parts and service. ✓</li> <li>2. Defective items discovered within seven (7) days from date of delivery must be replaced within 24 hours upon notification by the end-user. ✓</li> </ol> <p><b>SCHEDULE OF REQUIREMENTS:</b></p> <p>Delivery within ten (10) calendar days upon receipt of PO/NOA. ✓</p>		
<b>Total Lot Price</b>					

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

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

Jaq