



Republic of the Philippines  
Province of Pampanga

**Bids and Awards Committee**

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

DEC 20 2024

RFQ No. **241288**

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

**(24-6242 12/16/2024 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. DEC: 26 2024**

APPROVED BUDGET FOR  
THE CONTRACT (ABC):  
**PhP 481,000.00**

**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	20	box	Glutaraldehyde Solution (2btlsx5L)/box		
2	1000	pack	Cotton Balls (300s/pack)		
3	200	box	Disposable Face Mask (50s/box)		
4	500	pack	Disposable Dental Cup, 8oz (50s/pack)		
5	300	box	Examination Gloves Medium (100s/box) non-sterile, non-powdered		
6	200	box	Examination Gloves Large (100s/box) non-sterile, non-powdered		
7	100	gal	Isopropyl Alcohol 70% 3.785L/gal		
8	100	box	Needle Gauge 27, long (100s/box)		
9	100	box	Needle Gauge 27, short (100s/box)		
10	300	box	Disposable Syringe 3cc (100s/box)		
11	300	box	Disposable Syringe 5cc (100s/box)		

Item No.	Qty	Unit	<u>Item Description</u>	Unit Price	Total Price
			<p>TERMS OF REFERENCE:</p> <p>1. License to Operate as Medical Device Manufacturer/Trader/Distributor issued by FDA</p> <p>2. 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</p> <p>AFTER SALES SERVICE:</p> <p>1. Expiration date must be at least two (2) years 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 REQUIREMENTS:</p> <p>1. Progressive delivery and billing</p> <p>2. Schedule and quantity of delivery subject to at least two (2) calendar days upon notification by the end-user</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