

Company Name: Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

### Republic of the Philippines Province of Pampanga

### **Bids and Awards Committee**

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

JAN 0 9 2025

### RFQ No. 250005

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

(24-6339(H8) 12/27/2024 DALDH for Hospital use)

# REQUEST FOR QUOTATION Small Value Procurement

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. JAN 14 2025

## APPROVED BUDGET FOR THE CONTRACT (ABC):

PhP 199,800.00

FRANCIS V. MASLOG CHAIRRERSON

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<br>No. | Qty | Unit | <u>Item Description</u>  | Unit Price | Total Price |
|-------------|-----|------|--|------------|-------------|
| 1           | 32  | pcs  | Hospital Bed Mattress w/ Cover Leather Touch Color: Blue Dimension: Length: 77 inches Width: 37 inches Thickness: 4 inches Made of Mattress: High density medium firm blue foam  |            |             |
| 2           | 10  | pcs  | Hospital Bed Mattress w/ Cover Leather Touch Color: Blue Dimension: Length: 70 inches Width: 30 inches Thickness: 4 inches Made of Mattress: High density medium firm blue foam  Terms of Reference: 1. The Procuring entity reserve the right inspect the item/s to determine the fitness of the products offered 2. Printed document/material with the brand, model or specification of the item being offered must be attaché together with the quotation  After Sales Service: > Replacement of defective items within 24 hours upon notification by the end user. |            |             |
|             |     |      | Schedule of Requirements:<br>Delivery within ten (10) calendar days upon receipt of PO/NOA   |            | ,           |

| Total Lot Price   |                 |
|---|-----------------|
| Note: The winning supplier shall submit a duly signed and notarized Omnibus Sworn Statement prior to no | otice of award. |



THE BIDS AWARDS COMMITTEE:

| Having carefully read and accepted your | Terms and Conditions, including t | he technical specifications, I | /We offer to supply/deliver the | item/s as noted |
|---|-----------------------------------|--------------------------------|---------------------------------|-----------------|
| above.                                  |                                   |                                |                                 |                 |

| Supplier's authorized representative signature over printed name | BAC CANVASSER |
|--|---------------|
| Designation:   |               |
| Contact No.:   |               |
| Email Address.:  | Jaq           |