Republic of the Philippines
Province of Pampanga

Bids and Awards Committee

Provincial Capitol, City of San Fernando, Pampanga

REQUEST FOR QUOTATION

RFQ Number: 260774
Date:

Company Name: _____
Address: _____
Contact Number: _____ Email Address: _____

The Provincial Government of Pampanga through its Bids and Awards Committee intends to procure; PR Number: **26-3176** PR Date: **7/23/2026** End User: **MABALACA DISTRICT HOSPITAL** Purpose: **FOR PATIENT USE.** through **Section 34 SMALL VALUE PROCUREMENT** of the Implementing Rules and Regulations of Republic Act No. 12009.

Please quote your lowest price for the requirements listed hereunder subject to the Terms and Conditions stated below and submit to the Bids and Awards Committe (BAC) duly signed by you or your authorized representative not later than 9:00 a.m. 01 SEP 2026.

APPROVED BUDGET FOR
THE CONTRACT (ABC)
PhP301,000.00

FRANCIS V. MASLOG
CHAIRPERSON
Bids and Awards Committee

TERMS AND CONDITIONS

- All quotations may be typewritten or handwritten, placed in a sealed envelope.
- Quotations exceeding the Approved Budget for the Contract (ABC) shall be rejected.
- All quotations shall be valid for one hundred twenty (120) calendar days from the deadline of 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, Income/BIR Tax Return** (for ABCs above Php 500,000.00) and **Omnibus Sworn Statement** (for ABC's above Php 50,000) 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 0f 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 Provincial Government of Pampanga reserves the right to waive any required formality in the proposals received, and select the proposal which it determines to be the most advantageous to the government.
- Award of contract shall be made to the lowest quotation which complies with the technical specifications, requirements and other terms and conditions stated herein.
- The RFQ, Purchase Order (PO), and other related documents for the above-stated Procurement projects shall be deemed to form part of the contract.ission of the same.

Item No.	Qty	Unit	Item Description	Offered Model /Brand (if applicable)	Statement of Compliance ("Comply or Not Comply")	Unit Price	Total Price
1	7	box	I-Smart 30 Pro Electrolyte Analyzer Electrode Cartridge, 100s/box				
2	1	set	I-Smart 30 Pro Electrolyte Analyzer Controls, tri-level, 10ml/btl, 3 btls/set				
			TERMS OF REFERENCE: 1. License to Operate as Medical device/Manufacturer/Trader/Distributor approved by the FDA. 2. The supplier shall submit Material Safety Data Sheet. 3. The procuring entity reserves the right to conduct product testing/inspection if necessary to determine the fitness of the product being offered. 4. Must have valid inventory at least equivalent to the project requirement to assure availability of stocks. 5. With service facility within Pampanga for after sales service. **AFTER SALES SERVICE:** 1. Expiration date must be at least one (1) year from the date of delivery. 2. Defective items discovered within seven (7) days from the date of delivery must be replaced within 24 hours upon				

Total Offered Quotation : (in figures) _____

Total Offered Quotation : (in words) _____

Having carefully read and accepted the Terms and Conditions, including the technical specifications. I/we offer to supply/deliver the item/s as noted above.

_____
Supplier/ Authorized Representative signature over printed name
Designation: _____
Contact Number : _____
Email Address: _____

_____
BAC Canvasser

Jaq