



Republika ng Pilipinas  
**PAMAHALAANG LUNGSOD NG TACLOBAN**  
(City Government of Tacloban)  
Kanhuraw Hill, Tacloban City 6500

**BIDS AND AWARDS COMMITTEE**

**REQUEST FOR QUOTATION**

1<sup>st</sup> Canvassing

Company Name/Supplier: \_\_\_\_\_

Address: \_\_\_\_\_

Contact No. \_\_\_\_\_

RFQ No.	2022-672
RFQ Date:	9/20/2022
Approved Budget for the Contract (ABC)	₱714, 500.00
Mode of Procurement	Negotiated Procurement/NP-SVP
PR No.	2022-1141
PR Date:	9/12/22
End-user:	Tacloban City Hospital

Procurement Title/Category: Medical Equipment

Please quote your lowest price for the item(s) listed below, subject to terms and conditions stated hereunder and submit your sealed quotation duly signed by your representative to our office not later than **9 o' clock** in the morning, of **September 26, 2022**. Opening of quotation shall be held at **2 o'clock** in the afternoon of **September 27, 2022**.

**Sgd. JONATHAN R. HIJADA**  
BAC Chairman

**Terms & Conditions:**

- All entries must either be typewritten or legibly handwritten;
- Delivery Period: within (30) thirty days upon receipt of Purchase Order (PO) or as may be required by the appropriate authority. Administrative penalties pursuant to Rule XXXIII, Section 69 of RA 9184 shall be imposed for non-delivery without valid reason;
- Warranty shall be for a minimum of three (3) months for supplies and materials, and one (1) year for equipment from date of acceptance of end-user;
- Quoted price shall be valid for a period of (6) months;
- Documents to be attached upon submission of this quotation:
  - Valid Mayor's Business Permit
  - PhilGEPS Registration Number/Organization ID Number
  - Income Tax Return
  - Notarized Original Omnibus Sworn Statement (*Revised format GPPB Resolution No. 16-2020*)
  - License to Operate and Certificate of Products Registration issued by Food and Drug Authority.
  - Brochure showing brand, model and specifications of the product being offered, if applicable.
  - All photocopied documents submitted shall be a certified copy from the original.
  - All documents must be enclosed in a properly labeled and sealed envelope, indicating PR No.
- The BAC shall conduct the alternative procurement process in accordance with RA 9184 and its 2016 RIRR.

ITEM NO.	ITEMS & DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE
1.	<b>Bedside Table Plastic</b> <b>SPECIFICATION:</b> >48X48X76cm >Function: Match of Hospital Care Bed of Home Care Bed >Made from ABS Plastic >With Table Plate, Cup & Thermometer Respository, kettle Base Drawer, Hang, Waste Hook, Door & Built-in lock >Convenient, Space-saving >Ideal Cabinet for Hospital Rooms or Homes Car Bed	30	Units		
2.	<b>IV Stand 4 Hooks</b> <b>SPECIFICATION:</b> >4 IV Hooks >Metal Base >Heavy Duty	30	Units		

	>Adjustable Height (45-85 inches) >Lightweight				
3.	<b>Ophthalmoscope Oscope Fiber Optic Professional ENT Diagnostic Set</b> <b>SPECIFICATION:</b> >Fiber Optic Diagnostic Set >Otoscope/Ophthalmoscope Set-Elaborate Design >High Quality >A Class Instrument for Physician Otoscope >Fiber Optic illumination-18.5 lumen-3x Magnification Ophthalmoscope >Direct illumination-18.5 Lumen	4	Sets		
4.	<b>Laryngoscope Set Macintosh</b> Conventional Set of 5 Pcs (Standard) Battery handle, Macintosh Blade #0,1,2,3) (ER, OR/DR, STATION-A, STATION-C AND TTMF	5	Sets		
	<i>xxxxx nothing follows xxxxx</i>	GRAND TOTAL:			

Brand & Model: \_\_\_\_\_ Warranty: \_\_\_\_\_  
 Delivery Period: \_\_\_\_\_ days upon receipt of the PO Price valid until: \_\_\_\_\_

After having carefully read and accepted your General Conditions (terms and conditions), I/We quote you on the item(s) at prices provided above. If the space for Delivery Period, Warranty and Price Validity are left blank, it means that I concur with the terms and conditions specified by your procuring entity.

\_\_\_\_\_  
 Printed Name/Signature/Date  
 \_\_\_\_\_  
 Contact Number