



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

BIDS AND AWARDS COMMITTEE

REQUEST FOR QUOTATION

1st Canvassing

Company Name/Supplier: _____

Address: _____

Contact No. _____

| | |
|--|-------------------------------|
| RFQ No. | 2022-843 |
| RFQ Date: | 11/4/2022 |
| Approved Budget for the Contract (ABC) | ₱180,000.00 |
| Mode of Procurement | Negotiated Procurement/NP-SVP |
| PR No. | 2022-1337 |
| PR Date: | 10/17/22 |
| End-user: | CMO-CLEP |

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 **November 9, 2022**. Opening of quotation shall be held at **2 o'clock** in the afternoon of **November 10, 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
 - 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.
- The BAC shall conduct the alternative procurement process in accordance with RA 9184 and its 2016 RIRR.
 - 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.

| ITEM NO. | ITEMS & DESCRIPTION | QTY | UNIT | UNIT PRICE | TOTAL PRICE |
|----------|--|--------------|--------|------------|-------------|
| 1. | BP Apparatus w/Stethoscope (high quality manual BP complete set with pouch/arm cuff range 26.4 to 40.6 cm/heavily chrome plated precision crafted, 300 mmhg no pin stop manometer) | 120 | Unit/s | | |
| | <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