

# REQUEST FOR QUOTATION

**For: SUPPLY AND DELIVERY OF LABORATORY SUPPLIES FOR THE USE OF KKH**

\_\_\_\_\_  
Name of Company

Date: January 30, 2019

RFQ No.: nlontoc-RFQ-G025-2019

\_\_\_\_\_  
Complete Company Address

PR No.: 2019-1-H-68

PHILGEPS Ref. No.:

**To whom it may concern:**

Please quote your lowest price/s on the lot or item/s below, subject to General Conditions indicated herein, stating the shortest time of delivery and submit your quotation duly signed by your official representative not later than **February 6, 2019 at 5:00 PM** to the **BAC Office**.

Very truly yours,  
**RENATO A. LABUTAN**  
BAC-A Chairman

**CANVASSERS'S CERTIFICATION**

This is to certify that I have full knowledge, authority and responsibility in distributing and/or collecting the Request for Quotation in accordance to the guidelines in securing prices for **KKH** of the Provincial Government of Cavite.

\_\_\_\_\_  
(Printed Name above Signature)  
**AUTHORIZED CANVASSER**

PLEASE QUOTE: PER ITEM

BIDDER'S PROPOSAL BOX

No	ITEM DESCRIPTION (ITEM NAME&TECHNICALSPECIFICATIONS)	QTY.	UNIT	APPROVED BUDGET OF CONTRACT (ABC)	FINANCIAL PROPOSAL (Indicate the Price Offer)		TECHNICAL PROPOSAL	Delivery weeks /days
					Unit Price	Total Price		
1	LABORATORY SUPPLIES **see page 2 for itemized description**			121,120.93				
	<b>TOTAL</b>			<b>121,120.93</b>				

- GENERAL CONDITIONS**
1. All entries must be typewritten and legible;
  2. Bidders must submit necessary business permits(SEC,LGU,DTI, CDA, BIR Certificate, etc.);
  3. Place this RFQ in a sealed envelope and type the following details on the face of the envelope:  
Your Company Name  
RFQ No.  
PR No.  
PHILGEPS Reference No.
  4. Delivery period must be at least within \_\_\_\_\_ calendar days from date of the Notice to Proceed (Indicate the days of delivery in the Bidder's Proposal box)
  5. Item/s delivered must have warranties for unit replacements, parts, labor or other services;
  6. Price validity shall be for a period of three(3) months;
  7. Quoted prices must be inclusive of taxes, and other charges or fees and shall not exceed the Approved Budget for the Contract(ABC);
  8. If Bid is accepted, the supplier undertakes to provide a performance security in the form, amounts, and within the times specified in the Revised IRR of R.A. 9184;
  9. It is understood that the Provincial Government of Cavite is not bound to accept the Lowest Calculated Bid or any Bid it may receive.
  10. Transaction with the Provincial Government of Cavite shall mean compliance with the winning bidder with the bid and delivery requirements before the issuance of check payment;
  11. Failure to comply with these conditions shall mean disqualification of your bid proposal

**SUPPLIER/CONTRACTOR/CONSULTANTS  
CERTIFICATION**

Date: February 6, 2019

After having carefully read and accepted Your General Conditions, I/We quote you on the item/s at price/s noted above for immediate delivery and shipment which can be made in \_\_\_\_\_ days from receipt of the Notice To Proceed.

\_\_\_\_\_  
Print Name & Signature of  
Authorized Representative

\_\_\_\_\_  
Company Tel./Fax/Mobile No.

\_\_\_\_\_  
Company Tax Identification No. (TIN)

\*Attach Certificate of Registration (BIR)

PLEASE QUOTE: PER ITEM

BIDDER'S PROPOSAL BOX

No	ITEM DESCRIPTION (ITEM NAME&TECHNICALSPECIFICATIONS)	QTY.	UNIT	APPROVED BUDGET OF CONTRACT (ABC)	FINANCIAL PROPOSAL (Indicate the Price Offer)		TECHNICAL PROPOSAL	Delivery weeks /days
					Unit Price	Total Price		
	Laboratory Supplies							
1	ALT (SGPT) LIQUID	1	SET	8,452.51				
2	AST (SGOT) LIQUID	1	SET	8,452.51				
3	BUN LIQUID	1	SET	11,449.5				
4	CHEMISTRY CONTROL, LEVEL 1	1	SET	11,323.82				
5	CHEMISTRY CONTROL, LEVEL 2	1	SET	11,323.82				
6	CHOLESTEROL ( LIQUID)	1	SET	13,971.76				
7	CREATININE CS	1	SET	10,013.50				
8	GLUCOSE (OXIDASE) LIQUID	1	SET	9,798.54				
9	HDL (PEG)	1	SET	8,501.67				
10	URIC ACID LIQUID	1	SET	14,333.33				
11	SD SPHILLIS MULTI DEVISE (100S)	1	SET	12,000.00				
12	SD HBSAG TEST CARD 30'S	1	SET	1,500.00				
	<b>TOTAL</b>			<b>121,120.93</b>				

\_\_\_\_\_  
Company Name.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Print Name & Signature of Authorized Representative