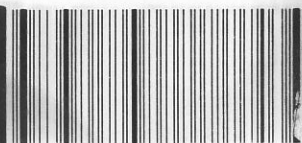


REQUEST FOR QUOTATION

CDTS



19.020.000244

For: SUPPLY AND DELIVERY OF MEDICAL SUPPLIES FOR USE OF KPFP

Date: March 1, 2019

RFQ No.: nlontoc-RFQ-G0045-2019

PR No.: 2019-2-H-168

PHILGEPS Ref. No.: 6060862

Name of Company

Complete Company Address

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 **March 11, 2019 at 5:00 PM** to the **BAC Office**.

Very truly yours,

RENATO A. ABUTAN
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 **KPFP** 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	MEDICAL SUPPLIES			113,468.00				
	see 2 nd page							
				113,468.00				

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 by 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: March 11, 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)**

074 3/1

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	BP APPARATUS ADULT WITH STETHOSCOPE	10	pcs	25,520.00				
2	IV STAND, 4 HOOKS 10 KG CHROME WHEEL	10	pcs	13,920.00				
3	PULSE OXYMETER, FINGER TYPE, JAPAN	10	pcs	40,600.00				
4	AMBU BAG ADULT, MANUAL RESUSCITATOR SILICONE	5	pcs	16,515.00				
5	AMBU BAG PEDIA, MANUAL RESUSCITATOR SILICONE	5	pcs	12,760.00				
6	WEIGHING SCALE (PORTABLE) DIGITAL	1	pc	673.00				
7	PORTABLE SUCTION MACHINE, HD USA	1	unit	3,480.00				
				113,468.00				

Company Name.

Address

Print Name & Signature of Authorized Representative