

REQUEST FOR QUOTATION

For: **SUPPLY AND DELIVERY OF HEMOGLOBIN MICROCUVETTES FOR USE OF PHO**

Name of Company

Date: September 17, 2020

RFQ No.: nlontoc-RFQ-G091-2020


Complete Company Address

PR No.: 2020-8-H-358

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 **September 23, 2020 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 **Provincial Health Office** 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. | HEMOGLOBIN MICROCUVETTES | 50 | BTLS | 137,500.00 | | | | |
| **nothing follows** | | | | | | | | |
| | TOTAL | | | 137,500.00 | | | | |

- 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: _____

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)**



**REPUBLIC OF THE PHILIPPINES
PROVINCE OF CAVITE**

**BIDS AND AWARDS COMMITTEE
GOODS, SERVICES, & CONSULTANCY (BAC-A)**

SUPPLY AND DELIVERY OF HEMOGLOBIN MICROCUVETTES FOR USE OF PHO

| | | |
|----------------------------------|---|--|
| Area of Delivery | : | Cavite |
| Trade Agreement | : | Implementing Rules and Regulations |
| Procurement Mode | : | Negotiated Procurement – Small Value Procurement |
| Classification | : | Goods |
| Category | : | Medical Supplies and Laboratory Instrument |
| Approved Budget for the Contract | : | P 137,500.00 |
| Date Published | : | September 17, 2020 |
| Closing Date | : | September 23, 2020, 5:00 PM BAC Office, Provincial Capitol Building Trece Martires City |
| Contact Person | : | KEREN JOYCE D. POLICARPIO WATCHMAN I Provincial Capitol Bldg., Brgy. San Agustin Trece Martirez City Cavite Philippines 4109 63-46-4191181 kerenpolicarpio@gmail.com |

ITEM DESCRIPTION

1. 50 Bottles – Hemoglobin Microcuvettes

Other Information

Checklist for Alternative Mode of Procurement

1. Valid DTI Business Name Registration and/or SEC or CDA Certificate
2. Valid Mayor's Permit
3. PhilGEPS Online Registration
4. BIR Certificate
5. Authority of Signing Official and/or Representative
 - a. Special Power of Attorney if single-proprietorship or Partnership (N/A if representative is the owner or general partner)
 - b. Notarized Secretary's Certificate with attached Board Resolution if corporation or cooperative
 - c. Photocopy of two (2) valid ID's of authorizing officer and representative
6. All prospective bidders are required to get the original signed copy of Request for Quotation at the BAC Office, Provincial Capitol Bldg., Brgy. San Agustin, Trece Martires City for submission together with the eligibility requirements on or before the closing date.
7. Other documents as may be required.