

## REQUEST FOR QUOTATION

**For: SUPPLY AND DELIVERY OF MEDICAL SUPPLIES FOR USE OF DASMARIÑAS BIRTHING HOME**

Date: October 16, 2020

RFQ No.: n1ontoc-RFQ-G109-2020

PR No.: 2020-10-H-435 /10-07-2020


PHILGEPS Ref. No.: 7258107

\_\_\_\_\_  
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 **October 22, 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 **Dasmariñas Birthing Home** 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	Weighing Scale (newborn)	1	PC	4,550.00				
2	1cc syringe with needle	2	BOX	1,580.00				
3	3cc syringe with needle	2	BOX	1,300.00				
4	5cc syringe with needle	1	BOX	670.00				
5	10cc syringe with needle	1	BOX	850.00				
6	BP Apparatus for newborns/pedia	1	PC	2,200.00				
7	kelly pad	2	PCS	1,900.00				
8	Straight Catheter size 16	1	BOX	475.00				
<b>**SEE PAGE 2 FOR CONTINUATION **</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 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 certify 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)**

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No	ITEM DESCRIPTION (ITEM NAME&TECHNICALSPECIFICATIONS)	QTY.	UNIT	APPROVED BUDGET OF CONTRACT (ABC)	FINANCIAL PROPOSAL <i>(Indicate the Price Offer)</i>		TECHNICAL PROPOSAL	Delivery weeks /days
					Unit Price	Total Price		
9	Oxygen tank 20lbs with gauge	1	PC	6,100.00				
10	Bag-valve-mask-adult	1	SET	1,700.00				
11	Bag-valve-mask-Pedia/Newborn	1	SET	2,100.00				
12	IV Catheter - Adult	1	SET	65.00				
13	IV Catheter - Newborn	1	SET	135.00				
14	Macroset IV Tubings	1	SET	70.00				
15	Microset IV Tubings	1	SET	80.00				
16	Nasal Cannula - Adult	10	PCS	420.00				
17	Nasal Cannula - Newborn	2	PCS	172.00				
18	Plaster 1 inch	3	ROLLS	1,020.00				
19	Micropore 1 inch	1	BOX	540.00				
20	Round Chromic Catgut 2-0	1	BOX	437.00				
21	Cotton (Big)	2	ROLLS	420.00				
22	Stainless jar	5	PCS	5,500.00				
23	Stainless forcep jar	2	PCS	2,430.00				
24	Stainless instrument Tray 8x6in with cover	3	PCS	3,180.00				
25	Stainless instrument Tray 22.5x8x2cm with cover	1	PC	3,500.00				
26	Sterile Gauze 4x4 in 12ply	1	BOX	480.00				
27	Surgical gloves size 6.5	1	BOX	1,100.00				
28	Surgical gloves size 7	1	BOX	1,100.00				
29	Examinations gloves medium	6	BOX	3,120.00				
30	Examinations gloves small	6	BOX	3,120.00				
31	disposable cap	1	BOX	480.00				
32	disposable mask	1	BOX	200.00				
33	goggles	2	PCS	190.00				
34	container for sharps and needles - big Sliter	2	BTL	1,560.00				
35	Rubber Suction Bulb	10	PCS	450.00				
36	Footstool (single pointed)	2	PCS	1,760.00				
37	Vagina Speculum - M stainless	2	PCS	1,240.00				
38	Uterine Sound	1	PC	1,150.00				
39	Tenaculum	1	PC	1,150.00				
40	Straight/Curved Forceps	3	PCS	1,650.00				
41	Kidney basin	2	PCS	56.00				
42	Needle Holder	3	PCS	2,610.00				
43	Pick up Forceps	2	PCS	1,100.00				
44	Surgical Scissors	3	PCS	1,650.00				
45	Tissue Forceps	3	PCS	1,650.00				
46	Umbilical Cord Scissors	3	PCS	1,950.00				
47	Bassinet stainless	1	PC	10,550.00				
48	Sterile Plastic Umbilical Cord clamp	1	BOX	500.00				
49	Linen for Bassinet	3	PCS	7,500.00				
50	Plastic Apron	10	PCS	1,050.00				
51	Ultrasound gel with tube	1	GAL	850.00				
52	KY jelly tube 150g	5	BOX	1,250.00				
53	Medicine tray - small	3	PCS	84.00				
54	bedside table	2	PCS	9,600.00				
55	cart	1	PC	11,500.00				
56	Suction Catheter size 16 adu	1	PC	25.00				
57	Suction Catheter size 12 newborn	10	PCS	250.00				
58	suction machine newborn	1	PC	3,500.00				
59	Gooseneck/Examining lamp	3	PCS	5,265.00				
	<b>**nothing follows**</b>							
	<b>TOTAL</b>			<b>121,084.00</b>				

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

\_\_\_\_\_  
*Address*

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