



**REQUEST FOR QUOTATION**

**For the SUPPLY AND DELIVERY OF VARIOUS SUPPLIES FOR USE OF GEAMH**

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

Date: September 18, 2021

RFQ No.: nlontoc-RFQ-G093-2021

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

PR No.: 2021-8-H-464/ 08-27-2021

PHILGEPS Ref. No.: 8008932

**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 24, 2021 at 5:00 PM** to the **BAC Office, 2/F Provincial Capitol Bldg., Brgy. San Agustin, Trece Martires City.**

Very truly yours,

**RENATO A. BUTAN**  
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 **General Emilio Aquinaldo Memorial Hospital** of the Provincial Government of Cavite.

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

PLEASE QUOTE: **PER ITEM**

**BIDDER'S PROPOSAL BOX**

No	ITEM DESCRIPTION (Item Name & Technical Specifications)	QTY	UNIT	APPROVED BUDGET OF CONTRACT (ABC)	FINANCIAL PROPOSAL (Indicate the Price Offer)		TECHNICAL PROPOSAL	DELIVERY (days/weeks)
					Unit Price	Total Price		
1	BED SHEET FITTED 36X75 W/ PRINT WHITE	400	PCS	204,000.00				
2	PATIENT GOWN WHITE FOR ADULT W/ PRINT	400	PCS	210,000.00				
3	OXFORD CLOTH ROLL 50 YARDS GREN	4	ROLL	29,920.00				
**see page 2 for the continuation**								

**GENERAL CONDITIONS**

- All entries must be legibly handwritten or typewritten;
- Bidders must submit the required documents as follows:
  - Valid DTI Business Name Registration and/or SEC or CDA Certificate
  - Valid Mayor's Permit
  - PhilGEPS Online Registration
  - BIR Certificate
  - Authority of Signing Official and/or Representative
    - Special Power of Attorney if single-proprietorship or Partnership (N/A if representative is the owner or general partner)
    - Notarized Secretary's Certificate with attached Board Resolution if corporation or cooperative
    - Photocopy of two (2) valid ID's of authorizing officer and representative
  - 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.
  - Notarized omnibus sworn statement.
  - Other required documents.
- Place this RFQ in a sealed envelope and type the following details on the face of the envelope:
 

Company Name  
RFQ No.  
PR No.  
PHILGEPS Reference No.
- 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)
- Item/s delivered must have warranties for unit replacements, parts, labor or other services;
- Price validity shall be for a period of three(3) months;
- Quoted prices must be inclusive of taxes, and other charges or fees and shall not exceed the Approved Budget for the Contract (ABC);
- 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;
- It is understood that the Provincial Government of Cavite is not bound to accept the Lowest Calculated Bid or any Bid it may receive;
- 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;
- Failure to comply with these conditions shall mean disqualification of your bid proposal.

**SUPPLIER/CONTRACTOR/CONSULTANT'S 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.

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

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

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

**\*Attach Certificate of Registration (BIR)**

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PLEASE QUOTE: <u>PER ITEM</u>					BIDDER'S PROPOSAL BOX			
No.	ITEM DESCRIPTION (Item Name & Technical Specifications)	QTY	UNIT	APPROVED BUDGET OF CONTRACT (ABC)	FINANCIAL PROPOSAL (Indicate the Price Offer)		TECHNICAL PROPOSAL	Delivery (days/weeks)
					Unit Price	Total Price		
4	HEAD DRAPE 116CMX107CM	40	PCS	19,800.00				
5	FOOT DRAPE 160CMX107CM	40	PCS	19,600.00				
6	LAP SHEET 300CMX107CM	40	PCS	46,200.00				
7	MAYO COVER 80CMX80CM	40	PCS	11,400.00				
8	COVER SHEET 115CMX115CM	40	PCS	18,200.00				
9	BATH TOWEL WITH PRINT	50	PCS	17,500.00				
	***Nothing Follows***							
	<b>TOTAL</b>			<b>P 576,620.00</b>				

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

\_\_\_\_\_  
Address

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

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