



## REQUEST FOR QUOTATION

**For the SUPPLY AND DELIVERY OF MEDICAL AND LABORATORY SUPPLIES FOR USE OF KPFP**

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

Date: September 18, 2021

RFQ No.: nlontoc-RFQ-G097-2021

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

PR No.: 2021-9-H-487/ 09-03-2021

PHILGEPS Ref. No.: 8009637

**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 ABUTAN**  
BAC-A Chairman

**CANVASSER'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 Korea-Philippines Friendship Project of the Provincial Government of Cavite.

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

PLEASE QUOTE: **PER ITEM**

No	ITEM DESCRIPTION (Item Name & Technical Specifications)	QTY	UNIT	APPROVED BUDGET OF CONTRACT (ABC)	BIDDER'S PROPOSAL BOX			
					FINANCIAL PROPOSAL (Indicate the Price Offer)		TECHNICAL PROPOSAL	DELIVERY (days/weeks)
					Unit Price	Total Price		
1	TRU-CAL U	3	BOX	34,728.66				
2	TRU-LAB N	3	BOX	39,002.49				
3	TRU-LAB P	3	BOX	41,966.85				
4	TRU-CAL LIPID	1	BOX	15,597.45				
5	GLUCOSE HEXOKINASE FS	3	BOX	23,718.75				
	**see page 2 for the continuation**							

**GENERAL CONDITIONS**

1. All entries must be legibly handwritten or typewritten;
2. Bidders must submit the required documents as follows:
  - a) Valid DTI Business Name Registration and/or SEC or CDA Certificate
  - b) Valid Mayor's Permit
  - c) PhilGEPS Online Registration
  - d) BIR Certificate
  - e) Authority of Signing Official and/or Representative
    1. Special Power of Attorney if single-proprietorship or Partnership (N/A if representative is the owner or general partner)
    2. Notarized Secretary's Certificate with attached Board Resolution if corporation or cooperative
    3. Photocopy of two (2) valid ID's of authorizing officer and representative
  - f) 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.
  - g) Notarized omnibus sworn statement.
  - h) Other required documents.
3. 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.
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/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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FOR USE OF KPFP**

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		
6	CHOLESTEROL FS	2	BOX	29,095.00				
7	TRIGLYCERIDES FS	2	BOX	48,070.00				
8	BUN FS	10	BOX	65,837.50				
9	CREATININE PAP FS	10	BOX	118,066.70				
10	URIC ACID FS	10	BOX	94,875.00				
11	HDL-C FS	3	BOX	68,137.50				
12	ALBUMIN FS	2	BOX	12,650.00				
13	CK-MB FS	3	SET	17,077.50				
14	ALKALINE PHOSPATE FS	2	SET	8,058.06				
15	TOTAL BILIRUBIN	3	SET	20,700.00				
16	MAGNESIUM FS	4	SET	18,400.00				
17	LDH FS	3	SET	34,500.00				
	***Nothing Follows***							
	<b>TOTAL</b>			<b>P 690,481.46</b>				

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

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

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