

REQUEST FOR QUOTATION

For the **SUPPLY AND DELIVERY OF MEDICAL AND LABORATORY SUPPLIES FOR USE OF GENERAL EMILIO AGUINALDO MEMORIAL HOSPITAL**

 Name of Company

 Complete Company Address

Date: March 08, 2022
 RFQ No.: nlontoc-RFQ-G017-2022
 PR No.: 2022-3-H-161/03-01-2022
 PHILGEPS Ref. No.: 8501657

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 14, 2022 at 5:00 PM to the BAC Office, 2/F Provincial Capitol Bldg., Brgy. San Agustin, Trece Martires City.

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 General Emilio Aguinaldo 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	BX TRUCAL U	1	BOX	10,066.28				
2	BX TRULAB N	1	BOX	11,305.07				
3	BX TRULAB P	1	BOX	12,164.30				
4	BX GLUCOSE HEXIKINASE FS	2	BOX	13,750.00				
5	BX UREA FS	15	BOX	85,875.00				
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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FOR USE OF GENERAL EMILIO AGUINALDO MEMORIAL HOSPITAL**

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	BX CREATININE PAP FS	15	BOX	154,000.05				
7	URIC ACID FS	5	BOX	41,250.00				
8	BX HDL-C-FS	1	BOX	19,750.00				
9	BX ASAT (GOT) FS	5	BOX	27,000.00				
10	BX ALAT (GPT) FS	5	BOX	27,500.00				
11	BX MAGNESIUM	1	SET	4,000.00				
12	BX LDH	2	SET	20,000.00				
13	BX AMYLASE	1	SET	12,000.00				
14	BX BILIRUBIN DIRECT FS	2	SET	14,580.00				
	Nothing Follows							
	TOTAL			P 453,240.70				

Company Name

Address

*Printed Name & Signature
of Authorized Representative*