

CDTS



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# REQUEST FOR QUOTATION

## For the SUPPLY AND DELIVERY OF HEMOGLOBIN REORDER PACK FOR USE OF GENERAL EMILIO AGUINALDO MEMORIAL HOSPITAL

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

Date: September 17, 2022

RFQ No.: nlonloc-RFQ-G121-2022

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

PR No.: 2022-9-H-716/09-08-2022

PHILGEPS Ref. No.: 9027483

### 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, 2022 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

### 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	D10 HEMOGLOBIN PROGRAM REORDER PACK 400T	2	SETS	306,000.00				
<b>**NOTHING FOLLOWS**</b>								
<b>TOTAL</b>				<b>P 306,000.00</b>				

### 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)