

BAC.

REQUEST FOR QUOTATION

FOR VARIOUS MEDICAL SUPPLIES FOR USE OF KAWIT KALAYAAN HOSPITAL FOR JANUARY TO MARCH 2024

Date: January 31, 2024

RFQ No.: nlontoc-RFQ-H004-2024

PR No.: 2024-1-H-13/01-16-24

PHILGEPS Ref. No.: 10513155

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 **February 7, 2024 at 5:00 PM** to the **BAC Office, 2/F Provincial Capitol Bldg., Brgy. San Agustin, Trece Martires City.**

Very truly yours,

ENGR. GILBERT V. BANDIA
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 **KAWIT KALAYAAN HOSPITAL** 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.	CREATININE CS	1	SET					
2.	ALT (SGPT) LIQUID 625 ML/ KIT	1	SET					
3.	AST (SGOT) LIQUID 625 ML/KIT	1	SET					
4.	HDL (PEG) 60ML/ KIT	1	SET					
5.	TRIGLYCERIDES, GPO LIQUID 1000ML/ KIT	1	SET					
6.	CHEMISTRY CONTROL, LEVEL 1 50ML/ KIT	1	SET					
7.	DYMIND DILUENT 20 LITERS	1	PC					
8.	DYMIND EYSE (LYC-1) 200ML	1	PC					
**SEE PAGE TWO FOR 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. 10513155
- Delivery period must be at least within 15 calendar days from date of receipt of the Purchase Order/ 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)

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FOR VARIOUS MEDICAL SUPPLIES FOR USE OF KAWIT KALAYAAN HOSPITAL FOR JANUARY TO MARCH 2024**

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		
9	DYMIND LYSE (LYC-2) 500ML	1	PC					
10	DYMIND PROBE CLEANER 50ML	1	PC					
11	DYMIND CONTROL SET	1	PC					
12	EXPANDED SOLUTION PACK, PACK Na+K+Cl/ Ca++800ml	1	PC					
13	DAILY CLEANER SOLUTION	1	BOT					
14	EASYLYTE BI-LEVEL CONTROL 10ML	1	SET					
	***NOTHING FOLLOW ***							
	TOTAL			210,800.00				

Company Name

Address

**Printed Name & Signature
of Authorized Representative**