



Republic of the Philippines
DEPARTMENT OF HEALTH
FIELD OPERATIONS
CENTER FOR HEALTH DEVELOPMENT NO. 1
ILOCOS TRAINING AND REGIONAL MEDICAL CENTER



PHIC Accredited Healthcare Provider Mother-Baby Friendly Hospital "A No Smoking Facility"
Tel No. (072) 607-6418/6422; Telefax: (072) 700-3719 Email address: itrmc2010@yahoo.com website: http://www.itrmc.doh.gov.ph
 Certified ISO9001:2015 since 2016 with Certificate No. SCP000121Q

Request for Quotation

(Name and Address of Company)

Date : 4/30/2021

Quotation No.: 2021-04-0376

Please quote your best offer for the item/s described herein, subject to the Terms and Conditions below. Submit your quotation duly signed by you or your duly authorized representative not later than _____.

NORBERTO G. PREDON JR., RN, MAN
HBAC Chairperson

Mark "✓" if
complied

TERMS AND CONDITIONS:

- ☐ 1 Bidder must provide all information required in this form;
- ☐ 2 Bidder must attach original or scanned colored copy of brochure/s showing specifications of the product/s being offered, if applicable
- ☐ 3 Bidder must submit sample, if required, within two (2) working days upon notice, or as instructed in the description box below;
- ☐ 4 Price quotation/s must include all taxes, duties, and/or levies payable;
- ☐ 5 Price Quotation/s must be valid for a period of at least 30 calendar days from the date of submission;
- ☐ 6 Price Quotation/s exceeding the ABC must be automatically rejected;
- ☐ 7 Interlineations, erasures, or overwritings must be valid only if they are signed by you or any of your duly authorized representative/s;
- ☐ 8 Unless otherwise indicated, evaluation and award must be made on a per item basis;
- ☐ 9 Contract must be awarded to the bidder with the lowest calculated responsive quotation (for goods and infrastructure) or, the highest-rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein;
- ☐ 10 In case two or more bidders are determined to have submitted the lowest calculated responsive quotation, "Toss Coin" must be employed as the tie-breaking method to determine the final bidder to whom the contract shall be awarded;
- ☐ 11 Bidder must submit within two (2) calendar days upon notification from the BAC Secretariat, thru e-mail, text message or phone call, the following documents: Mayor's Permit, PHILGEPS Registration Number, Professional License/Curriculum Vitae (additional for Consulting Services), PCAB License (additional for Infra), Income/Business Tax Return (For ABCs Above PHP 500,000.00), and Omnibus Sworn Statement (For ABCs Above PHP 50,000.00). Failure to submit any of the documentary requirements within the given period will render your quotation failed.

After having carefully read, accepted and complied your Terms and Conditions, I/We submit our price quotations below.

| ITEM NO. | ITEM & DESCRIPTION | ABC PER UNIT | TOTAL ABC | QTY/UNIT | BRAND AND MODEL | UNIT PRICE (Inclusive of taxes) | TOTAL PRICE (Inclusive of taxes) |
|----------|--|--------------|-----------|----------|-----------------|---------------------------------|----------------------------------|
| 1 | PORTABLE UVC LIGHT, 8 LAMPS AT 36W EACH | 60,000.00 | 60,000.00 | 1 unit | | | |
| | WITH BRACKET/TROLLEY MADE IN STAINLESS STEEL | | | | | | |
| | WITH DELAY TIMER AND TREATMENT TIMER, RED LIGHT INDICATOR | | | | | | |
| | WITH REMOTE CONTROL FOR STANDBY/PAUSE MODE | | | | | | |
| | Purpose: provision of portable UV Light at Trauma Ward (JOF 219) | | | | | | |
| | Total Approved Budget for the Contract | 60,000.00 | | | Total offer | | |

Delivery Period : _____
Warranty : _____
Price Validity : _____

| | |
|-----------|-------------------------|
| Res No. | n/a |
| SAPP No. | 04-076 NP-SVP 4/27/2021 |
| PR/JO No. | 2021-04-1222 |
| Date: | 4/7/2021 |

WGB

Signature over Printed Name

Position / Designation

Tel. No. / Cellphone No. and E-mail address:

Date

Canvassed by:

ANNIE VILLAMIL/ MARLON RYAN ESPIRITU/ KRISTINE BALLON/ DANIELLE ANNE F. DINGDING/ WINLOVE BORGONIA/ VANESSA CABADING