



Republic of the Philippines  
**PROVINCE OF BENGUET**  
 La Trinidad  
**BIDS AND AWARDS COMMITTEE (BeCH)**  
**(DRUGS AND MEDICINES / MEDICAL SUPPLIES )**



Bid Solicitation No.: JVP- 2022-0028  
 Purchase Request No.: 2022-01-029

February 15, 2022  
 Date

**MEMORANDUM TO:**

Mr./Ms.: Hector B. Bolislis  
 (Canvasser)

Kindly provide appropriate dealers/ establishments copy of the attached request for quotation and/or solicitation to Bid for the Purchase of 12 rolls Aluminum foil, 30cm x 8m, refill, etc. with an ABC of 90,640.00 to be used by BeCH- Technical Division Their quotation /Bids shall be opened on FEB. 23, 2022

NAME OF ESTABLISHMENT	ADDRESS	RECEIVED		
		Name	Signature	Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**ATTY. BRIAN J. CRISPIN**  
 Chairperson

**CERTIFICATION**

The undersigned, hereby jointly and severally certify to have given each of the above dealers / establishments a copy of the solicitation / bid papers and that no one, only those indicated above, failed to submit their quotations before the time of opening the same.

CANVASSER/S:

Hector B. Bolislis  
*Signature over printed name/s*



Republic of the Philippines  
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**BIDS AND AWARDS COMMITTEE (BeGH)**  
**(DRUGS AND MEDICINES / MEDICAL SUPPLIES)**



Purchase Request Number: **2022-01-029**  
Name of the Project: **Purchase of 12 rolls Aluminum foil, 30cm x 8m, refill, etc.**  
Location of the Project: **BeGH-Dietary**

Date: **February 15, 2022**  
Quotation No.: **SVP 2022-0028**  
CAFOA No.: **109-22-02-00101**

## REQUEST FOR QUOTATION

Sir/Madam:

Kindly indicate your price quotation/s for the item/s listed below taking into consideration the specifications; submit this document duly signed by you or your authorized representative, to this office not later than **9:00 AM** on **WEDNESDAY** **FEB. 23, 2022** at the **BAC HEALTH, 1st Floor, Benguet General Hospital, La Trinidad, Benguet.**

Indicate also the shortest delivery period should you opt to. You may fax your quotations through Telefax No. 074-422-55-06 or thru e-mail at [begh.bac@benguet.gov.ph](mailto:begh.bac@benguet.gov.ph)

We may purchase the item/s from your company if the found to be reasonable and advantageous to the Benguet General Hospital, but we reserve the right to accept or reject the offer or all quotations not found in order.

Thank you very much.

  
**ATTY. BHISN J. CRISPIN**  
Chairperson

**INSTRUCTIONS:**

**"PLEASE SEAL YOUR QUOTATIONS"**

- All entries must be Typewritten or handwritten ( Please write legible and no use of pencil ).
- Delivery period within 14 ( supplies, drugs and medicines, etc. ) / 45 ( Equipment ) Calendar Days.
- Warranty shall be for a period of **three (3) months** for supplies and materials and **one (1) year** for equipment reckoned from the date of acceptance by the procuring entity.
- Price validity shall be for a period of **120 calendar days.**
- Photocopy ( Stamp "CERTIFIED TRUE COPY OF THE ORIGINAL" with name and signature)** of the following requirements to be submitted after opening and upon notification from the BAC.
  - Mayor's/ Business Permit.
  - PhilGEPS Registration No. \_\_\_\_\_
  - Submit original copy of complete (paragraph 1 to 10) Omnibus Sworn Statement ( in addition to requirements a and b if the awarded item/s is above Php 50, 000.00 ).
  - Income / Business Tax Return ( in addition to requirements a, b, and c if the awarded item/s is above Php 500, 000 ).
  - Valid and current Certificate of Product Registration (CPR) issued by FDA of the DOH: if applicable
  - Brochure for Medical equipment: if applicable
  - Material Data Safety Sheet for Laboratories, Reagennts: if applicable
- The procuring entity reserves the right to waive any defects in the tender or offer as the right to accept the bid most advantageous to the provincial government.
- ALL ERASURES SHOULD BE COUNTERSIGNED.**

Item No.	QTY	UNIT of ISSUE	ABC		ITEM & DESCRIPTION (SPECIFICATIONS)	BRAND/ OFFER/ COMPLIANCE TO SPECIFICATIONS	UNIT PRICE	PRICE VALIDITY	DELIVERY PERIOD	TOTAL AMOUNT
			UNIT PRICE							
1	12	roll	135.00		Aluminum foil, 30 cm x 8m, refill					
2	24	roll	210.00		Cut Rite Wax Paper 75SQ Ft (75.7Ft x 11.9in) sqm (23mx30cm) 6.96					
3	6	case	2100.00		Clingwrap, 6/1, nanya					
10	10000	piece	3.00		Spaghetti Box					
11	22	pack	50.00		Coffee stirrer, (non-plastic), 100s					
12	2	case	1750.00		Napkin, flat, 100s, 32packs/case					
13	2	piece	1600.00		Frying pan, non-stick, heavy duty 23.5cm-25cm x 18-22cm w/ round compartments					
14	4	piece	180.00		Pasta server, stainless					
15	6	piece	140.00		Food tong, stainless, heavy duty, 7.5"-8.5" long					
16	6	piece	200.00		Carborundum, knife sharpening tool, 19.5-21 cm x 2.5-3.5 cm x 5-6.5cm					
17	3	piece	120.00		Vegetable/fruit crinkle cutter, wavy, stainless					
18	2	piece	300.00		Strainer, w/ handle support, heavy duty, 9.5-11" diameter					
19	2	piece	400.00		Butcher's knife, stainless steel(18/10), 10"x4" blade					
20	4	piece	110.00		Dipper, stainless, 1/2 cup capacity, 11-12" handle					
21	6	piece	190.00		Can opener, stainless steel, heavy duty					
22	200	piece	5.00		Puto molder, plastic, 2" diameter					
23	4	piece	400.00		Plastic storage box w/ ears, clear, 18-20 "L x 13-15" W x10-12" H					
24	2	piece	120.00		Rubber scraper, heavy duty					
25	6	piece	900.00		Crate, hard plastic, heavy duty, 19-21" L x 14-16" W x 12-14" H					
26	2	piece	120.00		Prong fork, 10-12" long					
27	1	unit	4000.00		Osteorizer, blender, 10 speed all metal drive, 220 volts, 5-7 cups capacity					
28	2	unit	7500.00		Percolator, 36 cups capacity, stainless, heavy duty, 220 volts, equipped with stay cool handles and knob with twist to secure cover, polished aluminum urn, Non-drip spigot for safety in use					
<b>BeGH-Dietary</b>										
<b>PURPOSE:</b> For dietary use.										<b>90,640.00</b>

**CANVASSERS:**

**CERTIFICATION**

I hereby certify that I have personally conducted this canvass and that the price/s quoted is/are true and correct and the signature of the Representative of the establishment who submitted the quotation/s is/are genuine.

**Hector B. Bolislis**  
**PRINTED NAME & SIGNATURE OF AUTHORIZED CANVASSEER**

After having carefully read and accepted your terms and conditions, I hereby submit the above quotations for your appropriate action.

\_\_\_\_\_  
(Name of Establishment per O.R. & address)

\_\_\_\_\_  
(Signature over Printed Name of Owner/Representative)

\_\_\_\_\_  
(Telephone/Cellophone Number or e-mail address)

\_\_\_\_\_  
Date