

Republic of the Philippines PROVINCE OF BENGUET

La Trinidad



BIDS AND AWARDS COMMITTEE (BeCH) (DRUGS AND MEDICINES / MEDICAL SUPPLIES)

Bid Solicitation No.: SVP - 2022-0022 February 11, 2022 Purchase Request No.: 2022-02-0319 Date **MEMORANDUM TO:** Mr./Ms.: SALINIA L. CARBONEL (Canvasser) Kindly provide appropriate dealers/ establishments copy of the attached request for quotation and/or Purchase of 2 units FETAL DOPPLER solicitation to Bid for the 80,000.00 with an ABC of Their quotation /Bids shall be opened on to be used by HQMQ February 23, 2022 RECEIVED NAME OF ESTABLISHMENT **ADDRESS** Name Signature Date 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. CERTIFICATION The undersigned, hereby jointly and severally certilfy 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:

SALINIA L. CARBONEL Signature over printed name/s



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Purchase	Request Number:	2022-02	-031
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Name of the Project:

Purchase of 2 units FETAL DOPPLEZ A

Location of the Project:

DENNIS MOLINTAS DISTRICT HOSPITAL

Date: February 11, 2022

Quotation No.: SVP - 2022-0022

CAFOA No.: 100220100819

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				document duly
signed by you or your authorized representative, to this office not late_	9:00 AM	on	WEDNESDAY	February 23, 2022
at the BAC HEALTH, 1st Floor, Benguet General Hospital, La Trinida	d, 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

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 of reject the offer or all quotations not found in order.

Thank you very much.

Chairperson

INSTRUCTIONS:

"PLEASE SEAL YOUR QUOTATIONS"

- 1. All entries must be Typewritten or handwritten (Please write legible and no use of pencil).
- 2. Delivery period within ____14__ (supplies, drugs and medicines, etc.) /

- Delivery period within ___14__ (supplies, drugs and medicines, etc.) / ___45__ (Equipment)
 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 procuring entity.
- 4. Price validity shall be for a period of 120 calendar days.
- 5. 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.
 - a. Mayor's/Business Permit.b. PhilGEPS Registration No.

 - c. 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).
 - d. Income / Business Tax Return (in addition to requirements a, b, and c if the awarded item/s is above PhP 500, 000).
 - e. Valid and current Certificate of Product Registration (CPR) issued by FDA of the DOH: if applicable
 - f. Brochure for Medical equipment: if applicable
 - g. Material Data Safety Sheet for Laboratories, Reagennts: if applicable
- 6. 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
- 7. ALL ERASURES SHOULD BE COUNTERSIGNED.

Item No.	QTY	UNIT of ISSUE	ABC UNIT PRICE	ITEM & DESCIPTION (SPECIFICATIONS)	BRAND/ OFFER/ COMPLIANCE TO SPECIFICATIONS	UNIT	PRICE VALIDITY	DELIVERY PERIOD	TOTAL AMOUNT
1	2	Unit	40.000.00	FETAL DOPPLERA	SPECIFICATIONS			1 211100	
			,	Specifications:					
	_			LCD display with backlight					
				High sensitive transducer					
				Built in speaker					
				Advanced Digital Signal Process (DSP) Technology					
				Long time continuous use					
				Inbuilt rechargeable Li-ion battery					
				Ergonomic design compact and light weight					
				Easy to use and handle					
			DENNIS MO	LINTAS DISTRICT HOSPITAL					
PURP	OSE:	For use o	f DMDH.						80,000.00
CANV	ASSERS	5:							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

CERTIFICATION

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.

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/Cellphone Number or e-mail address)
Date

SALINIA L. CARBONEL

PRINTED NAME & SIGNATURE OF AUTHORIZED CANVASSER