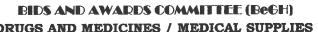


Republic of the Philippines PROVINCE OF BENGUET

La Trinidad





(DRUGS AND MEDICINES / MEDICAL SUPPLIES)

Bid Solicitation No.:	SVP-2022-0051		March 3	, 2022	
Purchase Request No.:	2022-02-046	*)	Date		
MEMORANDUM TO:					
Mr./Ms.:					
	(Canvasser)			
Kindly provide appropri	ate dealers/ establishments c				
solicitation to Bid for the	Purchase of 3 SMF Maint	enance Free Battery	with an ABC of	15,000.00	
to be used byENGINEERING	Their quotation /Bids shall	l be opened on	MARCH 9,	2022	
NAME OF FOTABLICUMENT	122222	F			
NAME OF ESTABLISHMENT	ADDRESS	Name	Signature	Date	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
			ATTING POLYANT	Vantonya C/	
		-	ATTY. BRIAN S		
CERTIFIC	ATION				
The undersigned, hereby jointly and sever		e ahove dealers / establishmen	its a conv of the		
solicitation / bid papers and that no one, o					
same.					
CANVASSER/S:					
 Signature over pi	rinted name/s				



Republic of the Philippines PROVINCE OF BENGUET

La Trinidad

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

Purchase Request Number: 2022-02-046

Name of the Project: Location of the Project: **Purchase of 3 SMF Maintenance Free Battery**

BeGH - ENGINEERING

Quotation No.: SVP-2022-0051 CAFOA No.: 109-22-02-00133

Date: March 3, 2022

REQUEST FOR QUOTATION

SILVIVIAGAII	Aadam
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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 late_		on	WEDNESDAY	MARCH 9, 2022		
at the BAC HEALTH, 1st Floor, Benguet General Hospital, La Trinida						

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

Thank you very much.

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.) /
- 45 (Equipment)

Calendar Days.

- 3. 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	PRICE VALIDITY	DELIVERY PERIOD	TOTAL AMOUNT
1	2	pcs	7,500.00	3 SMF Maintenance Free Battery					
			5.0						
			BeG	H - ENGINEERING					
PURPOSE: For use the Repair and Maintenance of the Elevator Model SP-GEVY						15,000.00			
and that the price/s quoted is/are true and correct and the signature			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					3)				
	(Signature over Printed Name of Owner/Representative)					tive)			
	(Telephone/Cellphone Number or e-mail address) PRINTED NAME & SIGNATURE OF AUTHORIZED CANVASSER						ess)		
Date									