



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



Bid Solicitation No.: SVP - 2022-0017
 Purchase Request No.: 2022-02-0259

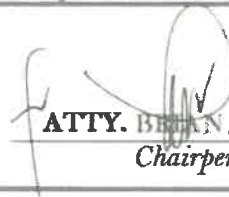
February 9, 2022
Date

MEMORANDUM TO:

Mr./Ms.: _____
 (Canvasser)

Kindly provide appropriate dealers/ establishments copy of the attached request for quotation and/or solicitation to Bid for the Purchase of 6 boxes Absorbent gauze pad, etc. with an ABC of 20,900.00 to be used by PDRRMO Their quotation /Bids shall be opened on February 16, 2022

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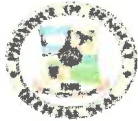

ATTY. BRIAN J. CRISPIN ✓
 Chairperson

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:

Signature over printed name/s



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Purchase Request Number: 2022-02-0259
 Name of the Project: Purchase of 6 boxes Absorbent gauze pad, etc.
 Location of the Project: PDRRMO

Date: February 9, 2022
 Quotation No.: SVP - 2022-0017
 CAFOA No.: 100-22-01-00613

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 late 9:00 AM on WEDNESDAY February 16, 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

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. BRILYN RISPIN
 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.) / 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 & DESCRIPTION (SPECIFICATIONS)	BRAND/ OFFER/ COMPLIANCE TO SPECIFICATIONS	UNIT PRICE	PRICE VALIDITY	DELIVERY PERIOD	TOTAL AMOUNT
1	6	box	400.00	Absorbent gauze pad -sterile -4in x 8in x 8ply -28x24 mesh					
2	12	pcs	600.00	Air filter, Konsung Oxygen Concentrator (KSOC-5 model).					
3	12	pcs	400.00	Oxygen humidifier, pre-filled -sterile water, at least 340 ml -with humidifier adapter					
4	10	pcs	200.00	Oxygen mask with tubing (adult)					
5	10	pcs	150.00	Oxygen nasal cannula (adult)					
6	10	pcs	150.00	Oxygen nasal cannula (pedia)					
7	10	pcs	150.00	Providone iodine solution, at least 60ml					
PDRRMO									

PURPOSE: For use of PDRRMO.

20,900.00

CANVASSERS:

CERTIFICATION

I hereby certify that I have personally conducted this can 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)

PRINTED NAME & SIGNATURE OF AUTHORIZED CANVASSER

 Date