

Republic of the Philippines PROVINCE OF BENGUET La Trinidad

La Trinidad BIDS AND AWARDS COMMITTEE (Be&H)



(DRUGS AND MEDICINES / MEDICAL SUPPLIES)

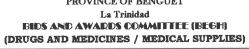
Signature over printed name/s

Bid Solicitation No.:	2022-0020	February 9, 2022					
Purchase Request No.:	2022-02-0262	02-0262 Date					
MEMORANDUM TO:							
Mr./Ms.:		3					
X	(Canvasser)						
Vindly provide appropri	ate dealers/ establishments co	ony of the attached rea	uest for quetation an	d/or			
solicitation to Bid for the	Purchase of Condom Flav	opy of the attached req vored, 3's/pack etc.	with an ABC of	284,980.00			
to be used by Technical Division-RI	Their quotation /Bids shall	be opened on	FEB. 16, 2	022			
RECEIVED							
NAME OF ESTABLISHMENT	ADDRESS	Name	Signature	Date			
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
		9	Charpers	. CRISPIN			
CERTIFIC	ATION						
The undersigned, hereby jointly and sever solicitation / bid papers and that no one, o							
same.							
CANVASSER/S:							



PRINTED NAME & SIGNATURE OF AUTHORIZED CANVASSER

Republic of the Philippines PROVINCE OF BENGUET





(Signature over Printed Name of Owner/Representative) (Telephone/Cellphone Number or e-mail address)

Date

Purchase Request Number: 2022-02-0262								February 9,	2022	
Name	of the Pro	oject:	Purchase of	Condom Flavored, 3's/pack etc.				2022-0020		
Locati	on of the	Project:	Technical D	ivision-RPRH			CAFOA No.:	100-22-01-0	00617	
			TERT	EQUEST FOR QUO	PATPICT					
c:-n	Madam		TO	EGORET LANG GOO.						
311 /1				notation/s for the item/s listed below taking into considerat	ion the enecificati	one: cubmit th	sie document di	1117		
				representative, to this office not later than 9:00 AN		WEDNES			16, 2022	
		-			on	AAEDIAES	ואט	PED.	10, 2022	
				enguet General Hospital, La Trinidad, Benguet. period should you opt to. You may fax your quotations thro	ugh Telefov No. 0'	74.422.55.06	or thru e-mail			
		@bengue		period should you opt to. You may lax your quotations thro	agn releiax no. o.	1 122 33 00	or third c man			
	We ma	ay purcha	se the item/s	from your company if the found to be reasonable and advan	ntageous to the Be	nguet Genera	l Hospital, but v	v/		
rese	rve the	right to a	ccept ot rejec	t the offer or all quotations not found in order.				(/)		
	Than	k you ver	y much.				4	III do	m of	
							ATTY. BRI	RISPI	inV	
INICT	RUCT	IONS.					Cnql	person		
			R QUOTATIO	NS"				100		
1. A	ll entri	es must be	e Typewritten	or handwritten (Please write legible and no use of pencil)	f-					
2. D	elivery	period w	rithin 14	(supplies, drugs and medicines, etc.) /	45 (Equi	pment)	Calendar Day			
3. W	/arrant	y shall be	for a period o	of three (3) months for supplies and materials and one (1)	year for equipme	nt reckoned	from the date of	facceptance l	by the	
4 5		iring enti		1 (400 1. 11						
				od of <u>120 calendar days.</u> D TRUE COPY OF THE ORIGINAL" with name and signat	urelof the followi	ng requireme	nts to be submit	tted		
J. I				fication from the BAC.	are joi the follows	ing requireme	nto_to be subim	u		
	a. Ma	yor's/Bu	siness Permit.	•						
	b. Phi	IIGEPS Re	gistration No.	mplete (paragraph 1 t0 10) Omnibus Sworn Statement (in a	addition to requir	amonte a and	h if the awarde	4		
	item/	s is above	e Php 50, 000.	nipiete (paragraph 1 to 10) Offinibus Sworth Statement (in a	iddition to require	ements a and	D II tile awai ue	.1		
	d. Inc	ome / Bu	siness Tax Re	turn (in addition to requirements a, b, and c if the awarded		hP 500, 000).				
				ate of Product Registration (CPR) issued by FDA of the DOH	if applicable					
	I. Bro	chure for terial Dat	Medical equij	pment: if applicable t for Laboratories, Reagennts: if applicable						
6. Tł	e proc	uring enti	ity reserves th	ne right to waive any defects in the tender or offer as the rig	ht to accept the b	id most advan	tageous to the p	orovincial gov	vernment.	
				DUNTERSIGNED.	-			_		
_	_		400	T	BRAND/ OFFE	D/ T	T		_	
Item	QTY	UNIT of ISSUE	UNIT PRICE	ITEM & DESCIPTION (SPECIFICATIONS)	COMPLIANCE	TO DRICE	PRICE VALIDITY	DELIVERY PERIOD	TOTAL AMOUNT	
No.				Condens Floring & Clarks and	SPECIFICATIO	NS FRICE	VALIDIT	FERIOD	ANCONT	
	1 630	pack	30.00	Condom-Flavored, 3's/pack		_	-			
Ι.	2 40	box	2800.00	Anti HIV 1/2 3.0 Test kit, One step, w/ Assay diluient (1x4ml/vl),						
	- 40	DOX.	2000.00	capillary pippettes, lancets, alcohol swabs and 1 instructions for	use.					
	3 40	box	2200.00	Syphilis Rapid Test Kit, 50's/box			i .			
	4 40	box	1652.00	Hepa B screening test kit, 40's/box						
	4 40	DOX								
707770	DOCK.	Madian		nical Division-RPRH se of PHO-RPRH (STL HIV Programs) for CY 2022.					2010000	
-	VASSER		Supplies for a	Se of PHO-RPRH 1511. HIV Programs from C1 2022.					284.980.0	
	* 1 100111		CERTIFICA	ATION						
1		l hereby co		e personally conducted this canva	After having c	arefully read and	d accepted your te	rms		
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						
of the Representative of the establishment who submitted the			for your appro	-	•					
quotation/s is/are genuine.			, uppro							
	7									
						(Name of Establishment per O.R. & address)				