

Republic of the Philippines PROVINCE OF BENGUET

La Trinidad



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

Bid Solicitation No.:	SVP -2022-0071		March 25	, 2022	
Purchase Request No.:	2022-03-0646	Date			
MEMORANDUM TO:					
Mr./Ms.:	* · · · · · · · · · · · · · · · · · · ·				
	(Canvasser)				
	ate dealers/ establishments cop	y of the attached req			
solicitation to Bid for the to be used by apangan District Hos	Purchase of Various Rad		with an ABC of	135,436.40	
to be used byapangan bistrict hos	Their quotation / Bids shall f	e opened on	APRL 6, 20	022	
NAME OF ESTABLISHMENT	ADDRESS	1	RECEIVED		
TAME OF EOTABLIOTIMENT	ADDITEO	Name	Signature	Date	
1.					
2.					
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10.					
			ATTY BRIAND		
	ATTONY		Ohairpers	0 <i>m</i>	
CERTIFIC					
The undersigned, hereby jointly and severa solicitation / bid papers and that no one, or					
same.	•	•			
CANVASSER/S:					

nithz

Signature over printed name/s



Republic of the Philippines PROVINCE OF BENGUET La Trinidad

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

Purchase Request Number: 2022-03-0646

Name of the Project:

Purchase of Various Radiology Supplies

Location of the Project:

Kapangan District Hospital

Date: March 25, 2022

Quotation No.: SVP -2022-0071 CAFOA No.: 100220303261

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 WEDNESDAY **APRL 6, 2022** on

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

Thank you very much.

ATTY. BRIAN J. CRISPIN Chairperson V

INSTRUCTIONS:

"PLEASE SEAL YOUR QUOTATIONS"

procuring entity.

- 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
- 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	15	roll	1,100.00	Thermal print paper for ultrasound, type V, high glossy, 110 mm X 18m					
2	2	gal	990.00	Ultrasound Transmission gel, water soluble, with pump dispenser					
3	2	box	1,430.00	cover, Length 190mm X Width 51 mm, probe cover is straight walled with smooth surface, round-ended, 144s/ box					
4	8	set	6,600.00	X-ray Developing and Fixing Solution set, Automatic processor, 5L/gal (must be the same brand)					
5	2	box	1,773.20	X-ray Film 8 X 10, Green Sensitive, 100's					
6	3	box	2,574.00	X-ray Film 10 X 12, Green Sensitive, 100's					
7	3	box	3,212.00	X-ray Film 11 X 14, Green Sensitive, 100's					
8	6	box	4,268.00	X-ray Film 14 X 14, Green Sensitive, 100's					
9	3	box	4,928.00	X-ray Film 14 X 17, Green Sensitive, 100's					
			Kanan	gan District Hospital					
PURF	OSE:	Various F		plies for CY2022					135,436.40
CANV	ASSER		CERTIFICA	TION	After housing earef	is the road and	accepted value to		

I hereby certify that I have personally conducted this canand 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

PRINTED NAME & SIGNATURE OF AUTHORIZED CANVASSER