



Republic of the Philippines
PROVINCE OF BENGUET
 La Trinidad



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

Bid Solicitation No.: GVP 2022-0039
 Purchase Request No.: 2022-01-007

February 21, 2022
 Date

MEMORANDUM TO:

Mr./Ms.: HECTOR B. BOLISLIS
 (Canvasser)

Kindly provide appropriate dealers/ establishments copy of the attached request for quotation and/or solicitation to Bid for the Purchase of Basin, rubberized etc. with an ABC of 178,600.00 to be used by BeGH-LINEN Their quotation /Bids shall be opened on MARCH 2, 2022

| NAME OF ESTABLISHMENT | ADDRESS | RECEIVED | | |
|-----------------------|---------|----------|-----------|------|
| | | Name | Signature | Date |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |


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:

HECTOR B. BOLISLIS
Signature over printed name/s



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BIDS AND AWARDS COMMITTEE (BeGH)
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Purchase Request Number: **2022-01-007**
 Name of the Project: **Purchase of Basin, rubberized etc.**
 Location of the Project: **BeGH-LINEN**

Date: **February 21, 2022**
 Quotation No.: **SVP-2022-0039**
 CAFOA No.: **109-22-01-00035**

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 later than **9:00 AM** on **WEDNESDAY** **MARCH 2, 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.

[Signature]
 ATTY. **REHAN J. CRISPIN**
 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 the 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 500,000.00).
 - 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 government.
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 | 3 | pcs | 1500.00 | Basin, rubberized, 8-10"x22"-25" | | | | | |
| 8 | 30 | pcs | 250.00 | Blanket, wool, standard size, 60"x80", gray, for Emergency Room | | | | | |
| 9 | 30 | pcs | 250.00 | Blanket, wool, standard size, 60"x80", light green, for Medical Ward | | | | | |
| 10 | 8 | pairs | 400.00 | Boots, Rubber, for laundry, 12 to 14 inches height, size 7-3, 9-3 | | | | | |
| 11 | 8 | pcs | 3500.00 | Chest wader boots for laundry use | | | | | |
| 12 | 1 | roll | 12000.00 | Cloth, japan twill, green | | | | | |
| 13 | 100 | pcs | 1000.00 | Gown, Surgical, US canadian cotton, Hospital approved, Good quality of the stitch, Water proof, Reusable, Washable, Autoclavable, Wrist (Safety gartered) *please see attached sketch | | | | | |
| 15 | 30 | pcs | 30.00 | Needle, DP X 5 size 100/16 | | | | | |
| 17 | 2 | pcs | 7500.00 | Push cart hand truck trolley specifications: 400 kg capacity, heavy duty steel, Wheel-8" diameter, front wheels-swivel, back wheels-permanent; rubber wheels, platform-47" x 23", not foldable | | | | | |
| BeGH-LINEN | | | | | | | | | 178,600.00 |

PURPOSE: For patients use.

CANVASSERS:

CERTIFICATION

I 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)

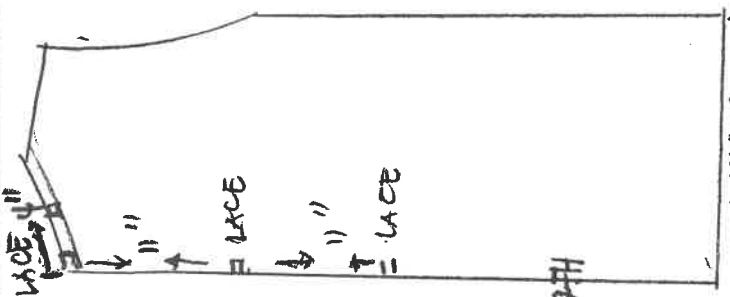
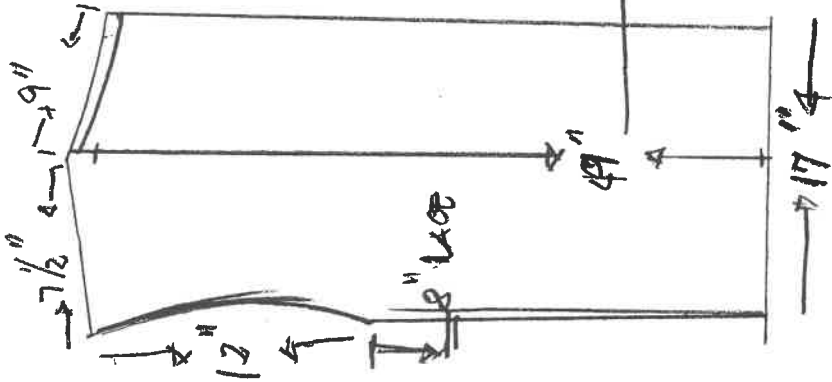
 Date

HECTOR B. BOLISLIS

PRINTED NAME & SIGNATURE OF AUTHORIZED CANVASSEER

| | | | |
|-----------------------|----------------------|-------------------------|--------------------------------------|
| Requested by: | Cash Availability: | Approved by: | Signature: |
| Chief of Hospital III | IMELDA I. MACANES | MELCHOR D. DICLAS, M.D. | MARIA IMELDA C. ULER, MD, MHA, FPCOM |
| Provincial Treasurer | Provincial Treasurer | Provincial Treasurer | Designation: |

BACK SCRUB GOWN MEASURE



COLLAR MEASURE 1"

FRONT SCRUB GOWN MEASURE

