



Republic of the Philippines
PROVINCE OF BENGUET
 La Trinidad



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

Bid Solicitation No.: 2022-0011
 Purchase Request No.: 2022-01-007

January 28, 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, etc. with an ABC of 250,880.00 to be used by BeGH Their quotation /Bids shall be opened on FEB. 9, 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



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



Purchase Request Number: **2022-01-007**
 Name of the Project: **Purchase of Basin, etc.**
 Location of the Project: **BeGH**

Date: **January 28, 2022**
 Quotation No.: **2022-0011**
 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** **FEB. 9, 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. BRIAN 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	ITEM & DESCRIPTION (SPECIFICATIONS)	BRAND/ OFFER/ COMPLIANCE TO SPECIFICATIONS	UNIT PRICE	PRICE VALIDITY	DELIVERY PERIOD	TOTAL AMOUNT
			UNIT PRICE						
1	3	pcs	1500.00	Basin, rubberized, 8-10"x22"-25"					
2	10	pcs	500.00	Bedsheet, canadian, cotton, 108"L x 72" W, light blue for NICU/MCR					
3	30	pcs	500.00	Bedsheet, canadian, cotton, 108"L x 72" W, light green for Surgery Ward					
4	30	pcs	500.00	Bedsheet, canadian, cotton, 108"L x 72" W, light yellow for Medical Ward					
5	10	pcs	500.00	Bedsheet, canadian, cotton, 108"L x 72" W, maroon for Delivery Room					
6	30	pcs	500.00	Bedsheet, canadian, cotton, 108"L x 72" W, orange for OB Ward					
7	20	pcs	500.00	Bedsheet, canadian, cotton, 108"L x 72" W, pink for Pedia Ward					
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					
14	76	pcs	30.00	Hand Towel, cotton 20"L x 10"W					
15	30	pcs	30.00	Needle, DP X 5 size 100/16					
16	20	pcs	250.00	Shower Curtains					
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									
PURPOSE: For patients use.									250,880.00

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)

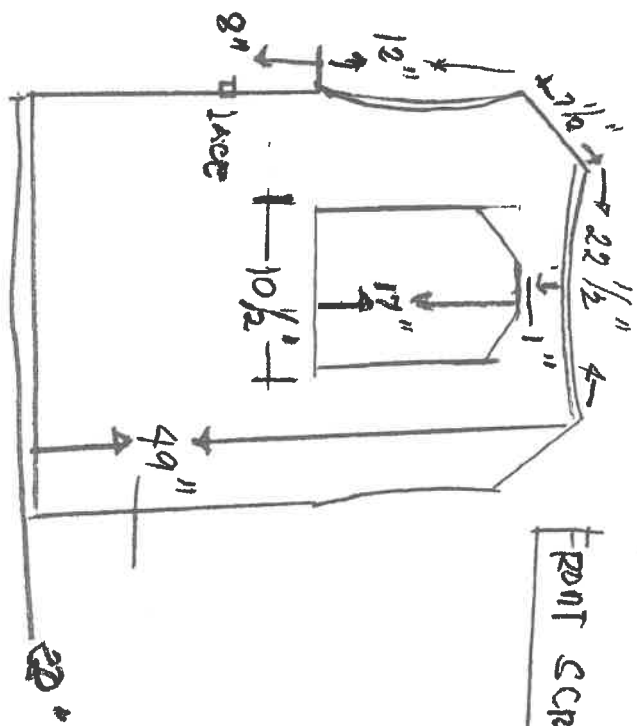
 (Signature over Printed Name of Owner/Representative)

 (Telephone/Cellphone Number or e-mail address)

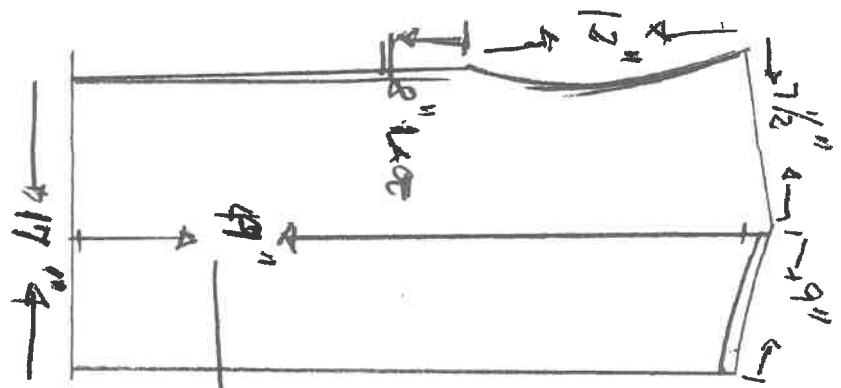
 Date

HECTOR B. BOLISLIS

 PRINTED NAME & SIGNATURE OF AUTHORIZED CANVASSER



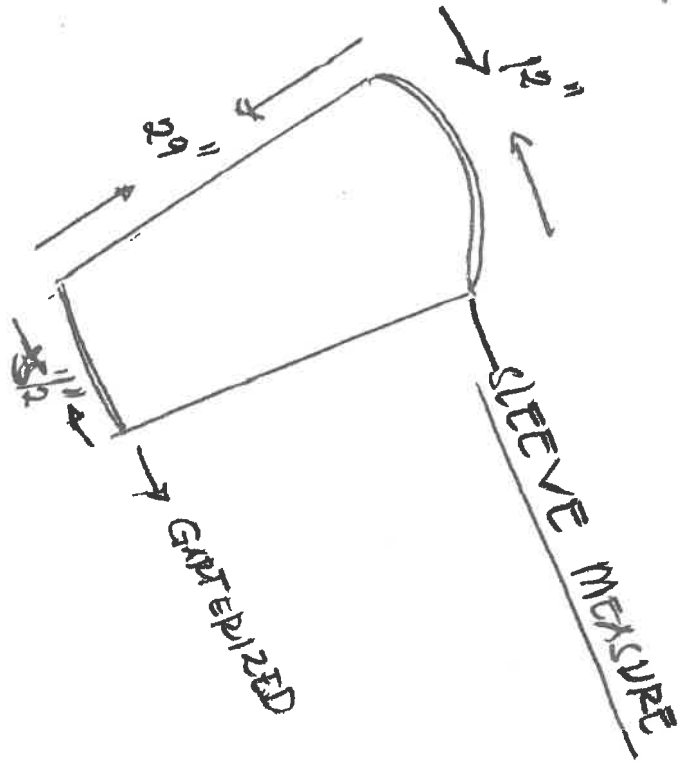
FRONT SCRUB GOWN MEASURE



BACK SCRUB GOWN MEASURE



COLLAR MEASURE 1"



SLEEVE MEASURE

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