



Republika ng Pilipinas
PAMAHALAANG LUNGSOD NG TACLOBAN
(City Government of Tacloban)
Kanhuraw Hill, Tacloban City 6500

BIDS AND AWARDS COMMITTEE

REQUEST FOR QUOTATION

1st Canvassing

Company Name/Supplier: _____

Address: _____

Contact No. _____

Procurement Title/Category: Laboratory Supplies

| | |
|--|--------------------------------|
| RFQ No. | 2024-893 |
| RFQ Date: | 11/5/2024 |
| Approved Budget for the Contract (ABC) | 768,000.00 |
| Mode of Procurement | Negotiated Procurement/ NP-SVP |
| PR No. | 223191157 |
| PR Date: | 10/21/24 |
| End-user: | TCH |

Please quote your lowest price for the item(s) listed below, subject to terms and conditions stated hereunder and submit your sealed quotation duly signed by your representative to our office not later than 9 o' clock in the morning, of **November 12, 2024**. Opening of quotation shall be held at 2 o'clock in the afternoon of **November 12, 2024**.

Sgd.For.JONATHAN R. HIJADA
BAC Chairman

Terms & Conditions:

- All entries must either be typewritten or legibly handwritten;
- Delivery Period: within (30) thirty days upon receipt of Purchase Order (PO) or as may be required by the appropriate authority. Administrative penalties pursuant to Rule XXXIII, Section 69 of RA 9184 shall be imposed for non-delivery without valid reason;
- Cash on Delivery modes shall not be acknowledged and quotation with such modes shall be considered failed.**
- Warranty shall be for a minimum of three (3) months for supplies and materials, and one (1) year for equipment from date of acceptance of end-user;
- Quoted price shall be valid for a period of (6) months;
- Documents to be attached upon submission of this quotation:
 - Valid Mayor's Business Permit
 - PhilGEPS Registration Number/Organization ID Number
 - Notarized Original Omnibus Sworn Statement (Revised format GPPB Resolution No. 16-2020).**
 - Latest Annual Income Tax Return**
 - Brochure showing brand, model and specifications of the product being offered, if applicable.
 - All photocopied documents submitted shall be a certified copy from the original.
 - All documents must be enclosed in a properly labeled and sealed envelope, indicating the PR No.
- The BAC shall conduct the alternative procurement process in accordance with RA 9184 and its 2016 RIRR.

| ITEM NO. | ITEMS & DESCRIPTION | QTY | UNIT | UNIT PRICE | TOTAL PRICE |
|----------|--------------------------------------|-----|------|------------|-------------|
| 1. | Glucose (10x44 ml) | 2 | Box | | |
| 2. | Cholesterol (10x44 ml) | 2 | Box | | |
| 3. | Triglycerides (10x44 ml) | 2 | Box | | |
| 4. | BUA (10 x 44 ml) | 3 | Box | | |
| 5. | BUN (R1 5x44ml, R2 5x11 ml) | 2 | Box | | |
| 6. | Creatinine (R1 5x44ml, R2 5x11 ml) | 3 | Box | | |
| 7. | HDL (R1 5x44 ml, R2 5x11) | 3 | Box | | |
| 8. | SGOT -AST (R1 6x44ml, R2 3 x 44 ml) | 2 | Box | | |
| 9. | SGPT -ALT (R1 6x44ml, R2 3 x 44 ml) | 2 | Box | | |
| 10. | Distilled Water (10 L) | 500 | Bots | | |
| 11. | Collecting tube EDTA (0.5 ml) x 100 | 50 | Box | | |
| 12. | Collecting tube (Red Top) 3 ml x 100 | 50 | Box | | |
| 13. | Syringe 21x1 (3 ml) 100 pcs | 50 | Box | | |

| | | | | | |
|-----|------------------------------------|-----------------|-----|--|--|
| 14. | Lancet G21 200 pcs/box | 100 | Box | | |
| | <i>xxxxx nothing follows xxxxx</i> | GRAND TOTAL: | | | |

Brand & Model: _____ Warranty: _____
 Delivery Period: _____ days upon receipt of the PO Price valid until: _____

After having carefully read and accepted your General Conditions (terms and conditions), I/We quote you on the item(s) at prices provided above. If the space for Delivery Period, Warranty and Price Validity are left blank, it means that I concur with the terms and conditions specified by your procuring entity.

 Printed Name/Signature/Date

 Contact Number