Republic of the Philippines
Municipality of Lingayen
Lingayen, Pangasinan

Name of Project: Procurement of BP apparatus to be distributed to Barangay Health Worker(BHW) of various barangays of Lingayen, Pangasinan
ABC: P48,600.00

Date: _____
Quotation No: _____

The Manager
_____
_____
_____

Please quote your lowest price on the item/s listed below, stating the shortest time of delivery and submit your quotation duly signed not later than August 1, 2023. Late submission shall not be accepted.

MARISSA L. SANTOS
Senior Administrative Assistant III

IMPORTANT:

1. DELIVERY PERIOD IS FIFTEEN (15) CALENDAR DAY
2. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY
3. PAYMENTS SHALL BE MADE THRU CHEQUE WITHIN FIFTEEN (15) DAYS AFTER THE DELIVERY, AND SHALL BE CLAIMED PERSONALLY AT THE OFFICE OF THE MUICIPAL TREASURER
4. THE PRICE OFFERED SHALL NOT BE SUBJECT TO ANY INCREASE FOR WHATEVER REASON INCLUDING IN CASES OF DEVALUATION/INFLATION DURING THE ENTIRE DURATION OF THE CONTRACT
5. PRICE SHALL BE INCLUSIVE OF VAT
6. THE QOUTATION SHALL NOT BE CONSIDERED UNLESS IT IS PROPERLY SIGNED BY THE AUTHORIZE REPRESENTATIVE.
7. BIDDER'S MUST SUBMIT THE FF. REQUIREMENTS
- **A. VALID AND CURRENT MAYOR'S PERMIT**
- **B. VALID AND CURRENT PHILGEPS CERTIFICATE**
- **C. LATEST INCOME/BUSINESS TAX RETURN**
- **D. BIR CERTIFICATE OF REGISTRATION**

8. COMPLETELY FILL OUT THE PRICE QUOTATION FORM, TECHNICAL SPECIFICATION/BRAND (IF APPLICABLE), UNIT/TOTAL PRICE AND SUPPLIER/BIDDER'S INFORMATION. DO NOT FORGET TO SIGN THE PRICE QUOTATION FORM. FAILURE TO FOLLOW THE STANDARD FORMAT OF QUOTATION IS A GROUND FOR DISQUALIFICATION.
9. A BIDDER WHO SUBMITS A QUOTATION IS REQUIRED TO DOWNLOAD THIS RFQ FROM THE PHILGEPS WEBSITE BEFORE THE CLOSING DATE FOR INCLUSION IN THE PHILGEPS DOCUMENT REQUEST LIST (DRL).
10. DOWNLOADED QUOTATION MUST BE SUBMITTED THRU FAX, EMAIL OR DIRECTLY TO THE BAC SECRETARIAT ON OR BEFORE THE CLOSING DATE OF BID NOTICE ABSTRACT

Item No.	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL PRICE
1	**BP apparatus** Specifications/minimum requirements: Sphygmomanometer Thicker rubber bladder, long-lasting Luminous dial face Natural cotton fiber cuff, durable and stain resistant with a Velcro closure Latex-free inflation system, easy –release deflation valve Index and range markings on the dial for clear readings **Stethoscope** Size:28 inch tube Snap tight soft-sealing ear tips Durable, latex-free Non-chill rim and diaphragm Anatomically designed headset	18 unit		
TOTAL				

_____
Printed Name/Signature

_____
Tel. No./Cellphone No. E-mail address

_____
PhilGEPS Registration No.

_____
Date