Republic of the Philippines Municipality of Lingayen Lingayen, Pangasinan

> Name of Project: Procurement of Other Supplies and Materials to be used for Vaccination and other Related Activities at RHU II

Lingayen, Pangasinan ABC: P 173,898.00

Date:	
Quotation No:	

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 December 27, 2021. Late submission shall not be accepted.

LARRY B. FLORES

Municipal General Services officer

IMPORTANT INSTRUCTIONS:

- DELIVERY PERIOD IS FIFTEEN (15) CALENDAR DAYS
- WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR 2. FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY
- 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 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 4.
- PRICE SHALL BE INCLUSIVE OF VAT
- 6. THE QUOTATION SHALL NOT BE CONSIDERED UNLESS IT IS PROPERLY SIGNED BY THE AUTHORIZED REPRESENTATIVE.
- 7. BIDDER'S MUST SUBMIT THE FF. REQUIREMENTS
 - A) VALID AND CURRENT MAYOR'S PERMIT
 - VALID AND CURRENT PHILGEPS CERTIFICATE B)
 - LATEST INCOME/BUSINESS TAX RETURN
- 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
- 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 DIRECTLYTO THE BAC SECRETARIAT ON OR BEFORE THE CLOSING DATE OF BID NOTICE ABSTRACT

Item	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL PRICE
No.				
	WALL FAN	6 unit		
1	Specifications/minimum requirements:			
	size: 16" precision angle blades			
	3-speed control			
	UNINTERRUPTIBLE POWER SUPPLY (UPS)	3 unit		
	Minimum Requirements/Specifications:			
	Runtime for load: 1m 1s (min-max:65-650W)			
	Output Power Capacity: 650 Watts / 1.2Kva			
	Output Connections: (1) IEC 60320 C13 (Battery			
2	Backup)			
	Nominal Output Voltage: 230V			
	Nominal Input Voltage: 230V			
	Input Connections: IEC 60320 C14			
	Cord Length: 1.2 meters			
	Universal sockets			
	BED FOAM MATRESS	2 unit		
3	Minimum Requirements/specifications:			
3	Size: 36"x75"x1.5			
	Durable and Comfortable			
4	VACCINE CARRIER/COOLER BOX	6 unit		
	Minimum requirements/specifications:			
	Dimension: 21x39x18cm			
	insulted body, 2-way handles			
	ICE PACKS FOR VACCINE	12 unit		
	Minimum Requirements/ specifications:			
5	size: 215x145x25mm			
	water injectionsweight: 600grams			
	net weight: about 90 grams			

	MONOBLOC CHAIR	20 unit		
	Minimum requirements/Specifications:	20 uiiit		
6	made of durable plastic/virgin materials			
0	•			
	standard size, classic design			
	any color	- ·.		
	MONOBLOC TABLE	5 unit		
	Minimum Requirements/Specifications:			
_	Dimension: Minimum of W30" x L48 x H28"			
7	Rectangular shape			
	Detachable legs			
	Heavy duty, made of virgin materials			
	any color			
	FILING CABINET	2 unit		
	Minimum Requirements/ Specifications:			
	Made of steel			
	4-drawer			
8	with Anti- Titled lock			
	With divider			
	Dimension: Minimum of W62 X L45.2 X H133.1			
	cm			
	Any color			
	MEGAPHONE	2 unit		
	Minimum Requirements/Specifications:			
	Handy, with siren and voice recorder			
9	Range: 35 meters			
	Powered by C-type batteries / 3V lithium			
	rechargeable battery			
	Power: Maximum of 30 watts			
	EXECUTIVE SWIVEL CHAIR	1 unit		
10	Minimum Requirements/Specifications:			
10	made of mesh with metal legs			
	with metal armrest			
	WATER DISPENSER	1 unit		
	Minimum/Requirements/specifications:			
	Hot, cold and warm			
11	Capacity: 5 gallons water bottle			
	Power: 550 watts			
	Dimension: L-12.25" W-12"H-39"			
			TOTAL	
	I .	1	i	i e

Printed Name/Signature	
Tel. No./Cellphone No. E-mail addr	ess
PhilGEPS Registration No.	
 Date	