Republic of the Philippines
Province of Pangasinan
Municipality of Lingayen

Name of Project: Procurement of medical supplies
ABC: P 42,133.00
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 April 21, 2025. Late submission shall not be accepted.

DR. HEINRICH M, MANUEL
Municipal Health Officer

IMPORTANT INSTRUCTIONS:

1. **DELIVERY PERIOD IS FIFTEEN (15) CALENDAR DAYS**
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 MUNICIPAL 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**
   - **B) VALID AND CURRENT PHILGEPS CERTIFICATE**
   - **C) LATEST INCOME/BUSINESS TAX RETURN**
   - **D) BIR CERTIFICATE OF REGISTRATION**
   - **E) NOTARIZED OMNIBUS SWORN STATEMENT**
8. **COMPLETELY FILL OUT THE PRICE QUOTATION FORM, TECHNICAL SPECIFICATION/BRAND (IFAPPLICABLE), UNIT/TOTAL PRICE AND SUPPLIER/BIDDER'S INFORMATION. DO NOT FORGET TO SIGN THE PRICE QUOTATION FORM. FAILURE TO FOLLOW THE THAT 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**
11. **ALL THE INTERESTED SUPPLIERS WITH INCOMPLETE REQUIREMENTS WILL BE AUTOMATICALLY DISQUALIFIED.**

Item No.	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL PRICE
1	Blood Cholesterol Strip (Best Check Allied), 25/box	10 boxes		
2	Blood Glucose Strip (Best Check Allied), 25/box	10 boxes		
3	Blood Uric Acid Strip (Best Check Allied), 25/box	10 boxes		
4	Thermal paper, ECG 1200G 210mmx20m	5 rolls		
5	Thermal paper, ECG Paper Edan Se-301, 80mmx20m -----nothing follows----- ***Minimum Requirement: Supplier must be FDA Licensed/Accredited Medical Supplier Distributor* ***Expiry period for all medical supplies: at least Eighteen (18) months*	29 rolls		
			TOTAL	

_____
Printed Name/Signature

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

_____
PhilGEPS Registration No.

_____
Date