Company TIN:

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

Annex A

Note: Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph and register for free."		RFQ No.	23-0167-NP-SVP 15-Feb-23	
		Date:		
Company Name:				
Company Address:				
Contact Person:				
Contact No.:				
PhilGEPS Reg. No.:				

Item No.	Qty.	Unit	Purchaser's Specifications	Bidder's Specifications (Please fill out the detailed specifications in the space provided)	Unit Cost	Total Cost
	1	рс	Hamilton examination bed Backrest angle: 0 - 80 degrees Legrest Angle: 270- 360 degrees Total Mattress length: 178 cm Foot Stool Size: 29 x18 x 2 cm Product size: 141 x 51 x 87 cm			
	1	рс	*Heavy duty sphygmomanometer *Gear-free Durashock *Certified accuracy to +/- mmHg * Unsurpassed reliability with a unique integrated, cuff mounted design *Gauges rotates 360 degree, for easy viewing from any angle *Gauge snaps directly into cuff for quick cuff changes *Premium inflation system, & lightweight for patient comfort * Latex-free for safety			
	1	рс	Heavy duty Stethoscope *Acoustic Performance 8 (1-10 scale) *Technology Machined staineless steel *Headset Material lightweight, aircraftgrade * Approximate Length 27"/69cm *Approximate Weight 150 grams *Diameter Two tunable diaphragms *Enhanced amplification and noise reduction for high-performance auscultation of critical sounds			
	1	рс	Heavy duty Physician scale with height measurement *Heavy-duty *Capacity: 400 lb x 4 oz, 180kg x 100 g, 400 lb x 4 oz / 175 kg x 100g *Scale Height: 59in/150cm *Solid stable 10.5 x 14.5 inch (27 x 37 cm) platform *dual-reading die-cast weighbeam which may be read from either side of the scale * mild steel construction with powder			

	30	рс	Tetanus Toxoid 0.5ml		
			******NOTHING FOLLOWS****		
			Approved Budget for the Contract		
			(ABC): PhP 73,000.00		
PURPOS	PURPOSE: HRMDD - WELFARE UNIT - FOR DSWD PHYSICIAN USE				
PR No. 2023-02-0167 IMPORTANT: The winning bidder MUST SIGN the original copy of Purchase Order (P.O) upon receipt of the P.O. FAILURE to sign the original P.O means that the bidder is not interested and will be a ground for suspension or blacklisting in DSWD's future biddings.					

is not interested and will be a ground for suspension or blackisting	in DSWD's future blodings.
	Supplier
ARNEL V. RADAZA	
Procurement Officer	Signature over Printed Name

Company Name:		RFQ No	o.: 23-0167-NP-SVP	
Company Address:		 Dat	e: 15-Feb-23	
Contact Person:				
Contact No.:				
Philgeps Reg. No.:		<u> </u>		
Company TIN:		_		
Sir/Madam:		_		
Sil/Wadaiii.				
Please quote your government price/s including delivery charge Annex A . Failure to indicate information could be basis for non-samples, if applicable.			=	
If you are the exclusive manufacturer, distributor or agent in the notarized certification to this effect.	e Philippines for the g	oods listed in Annex A please att	ach in your quotation a duly	
As a condition for award, you will be required to submit the fo	ollowing documentar	y requirements:		
* Accomplished Quotation (for goods or infra)/Propos	sal (for consulting)			
* Mayor's Permit		* Income/Bussines Tax Retur amounting above Php. 500k	ns for Contract with an ABC	
* DESCENDED and a second and a			tatement for contracts with an	
* PhilGEPS Registration No.		ABC amounting to above Php. 50,000.00		
* PCAB license (for infra)			Demait and Dhiloppo Dee No	
Note:Submission of PhilGEPS Platinum Certificate of Registratio	in and Membership is	acceptable in fled of the Mayor's	Fermit and Finiders Reg. No.	
Quotations submitted to different em	ail address as stated a	bove shall not be considered for	evaluation. Very Truly Yours,	
			ARNEL V. RADAZA	
			DSWD 10 Procurement Officer	
Terms and Conditions:			D3WD 10 Frocurement Officer	
1. Award shall be made on per:	Racic	Total Quoted Price	Lot Basis	
2. Quotation validity shall be 6 Months	Du313	Total Quoted Frice	Lot basis	
Goods/Services shall be delivered/conducted within		15-30 working days upon rece	aint of PO	
4. Place of Delivery DSWD Field Office 10		13-30 Working days apon rece	ipt of 1 O	
5. Terms of Payment: 15-30 days after the inspect	tions			
Payment through LDDAP-ADA (List of Due and Demandable		vice to Debit Account).		
Account Name:	Accounts rayable Ac	Account Numb	er·	
Bank Name				
*Note: Non Land Bank of the Philippines accounts shall be charged a	a service fee			
			-6.66 - 15	
6. Liquidated Damages/Penalty: In case of failure to make full at least equal to one-tenth of one percent (0.001) of the cost of	•			
liquidated damages reaches ten (10%) of the amount of the co	ontract, the Procuring		•	
to other courses of action and remedies available under the cir.				
7. For goods, please indicate brand, model and country of origin				
8. In case of discrepancy between unit cost and total cost, unit of	Lost Silali převáli.			
9. Please indicate Warranty 10. In case of a tie, the contract shall be awarded to the supplie	r or service provides:	who first submitted its suptation		
10. In case of a tie, the contract shall be awarded to the supplie website at www.philgeps.gov.ph and register for free."	i or service provider (viio iii st subiiiitteu its quotation.		
ARNEL V. RADAZA				
Procurement Officer		Signature o	ver Printed Name	

Department of Social Welfare and Development

Field Office No. 10 Cagayan de Oro City

PROOF OF RECEIPT

Quotation No: 23-0167-NP-SVP

Hamilton examination bed Backrest angle: 0 - 80 degrees Legrest Angle: 270- 360 degrees Total Mattress length: 178 cm Foot Stool Size: 29 x18 x 2 cm

Items: Product size: 141 x 51 x 87 cm

Purpose: HRMDD - WELFARE UNIT - FOR DSWD PHYSICIAN USE

Company Name	Representative	Position / Designation	Date	Signature

Canvasser	