



BATAAN GENERAL HOSPITAL AND MEDICAL CENTER
Balanga City, Bataan
ISO-QMS 9001 Certified



P.R. NO.: 19-11-698
Date: November 25, 2019
Office/End-User: IHOMP/ P. Nuestro

REQUEST FOR QUOTATION

COMPANY NAME: _____

ADDRESS: _____

Please quote your lowest price on the item(s) listed below, subject to the Terms and Conditions stated below and submit your quotation duly signed by your representative not later than _____ of _____

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| TERMS and CONDITIONS: 1 All entries must be typewritten or legibly written 2 Construction/Delivery period: 60 Calendar Days 3 Warranty for Expendable Goods: three (3) months, either: a. Five percent (5%) retention b. Special Bank Guarantee 4 Warranty for Non Expendable Goods/Infrastructure: One (1) year, either: a. Five percent (5%) retention b. Special Bank Guarantee c. Surety Bond <i>(for infrastructure only)</i> 5 Price validity shall be for a period of sixty (60) calendar days 6 Unit Price includes all incidental expenses (tax, delivery, etc.) 7 Comply with the product evaluation requirements (product sample or presentation, brochure or supporting documents, applicable certificates - refer to item no. 7-10) within 5 calendar days 8 Certificate of product registration from Food and Drug Administration (FDA); if applicable 9 Certificate of Good Manufacturing Practice from FDA; if applicable 10 Batch release certificate from FDA; if applicable 11 If the supplier is not the manufacturer, certification from the manufacturer that the supplier is an authorized distributor/dealer of the products/items; if applicable | | | | | | GLORY V. BALTAZAR, MD, MPH, MHA, CEs Head of Procuring Entity (HOPE) | |
|---|--|--|--|--|--|--|--|

| ITEM NO. | QTY | UNIT | ITEM AND DESCRIPTION | ABC per Item | BRAND | UNIT PRICE | TOTAL PRICE |
|----------|-----|------|---|--------------|-------|------------|-------------|
| 1 | 1 | lot | Provision of Infrastructure Data Network, CCTV with VLAN Configuration, Voice Communication (PABX) with Paging System for the New 5-Storey Building | 7,000,000.00 | | | |
| | | | | | | | |

Date: _____

Opened at: _____ am/pm

Signature over printed name
Authorized Representative

Canvass by:

(DESIGNATION)

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