



BATAAN GENERAL HOSPITAL AND MEDICAL CENTER

Balanga City, Bataan  
ISO-QMS 9001 Certified



P.R. NO.:	21-09-371
Date:	09/08/2021
Office/End-User:	Dental/Medical/ M.Inocencio

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: **30 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 (for infrastructure only)
  - 5 Price validity shall be for a period of sixty (60) calendar days
  - 6 Unit Price includes all incidental expenses (tax, delivery, etc.)
  - 7 Product Sample/Presentation/Brochure
  - 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
  - 12 Bio Assay or Certificate of Analysis (if applicable)
  - 13 Submit original copy of Omnibus Sworn Statement before issuance of NOA (to applicable mode of procurement)
  - 14 Provide authorization letter if authorize representative is not the owner.
  - 15 Must provide updated Certificate of Philgeps Platinum membership or Philgeps registration and Mayor's permit, Income/BusinessTax return and DTI (if applicable)
  - 16 LTO for medical equipment/medical devices
  - 17 **PCR NEGATIVE result within the last 24 to 48 hours is required upon entering BGHMC premises (24 to 48 hours starts with extraction time)**

**GLORY V. BALTAZAR, MD, MPH, MHA, CEsE**  
Head of Procuring Entity (HOPE)

ITEM NO.	QTY	UNIT	ITEM AND DESCRIPTION	ABC per Item	BRAND	UNIT PRICE ( includes all incidental expenses (tax, delivery, etc.)	TOTAL PRICE
1	1	unit	<b>Dental Air Compressor</b>	30,000.00			
			- Can be supplied by 230V ±5%				
			- Power: atleast 780 watts				
			- Suction Capacity: atleast 165 L/min				
			- Tank Capacity: atleast 24 L				
			- Speed: atleast 1400 min <sup>-1</sup> (RPM)				
			- Maximum Pressure: 7 Bar ±1				
			- with Pressure Switch				
			- Piston type & Oil Free				
			- Noise Level: not more than 70dB				
			- Warranty: atleast One (1) Year				
2	2	set	<b>Low Speed Handpiece (2-hole)</b>	25,000.00			
			- Contents: Straight Handpiece, Contra Angle Handpiece, & Motor				

			- Rotation Speed: Atleast 0.25Mpa				
			- compatible with any brand/model of Dental Chair				
			- Warranty: atleast One (1) Year				
			*****				

Date: \_\_\_\_\_  
Opened at: \_\_\_\_ am/pm

\_\_\_\_\_  
Signature over printed name  
Authorized Representative

Canvass by:

\_\_\_\_\_  
Procurement Staff/

**BIDS & AWARD COMMITTEE :**

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