

Republic of the Philippines QUEZON CITY GOVERNMENT

BAC- Goods and Services 2nd Floor, Procurement Department,



Finance Building, Quezon City Hall Compound

REQUEST FOR QUOTATION NEGOTIATED 53.9 SMALL VALUE PROCUREMENT

DATE : MARCH 19, 2024 RMBGH-24-GRMS-

| | PROJECT NO. : 0408 |
|-----------------------------------|---|
| Name of Company | ; <u> </u> |
| Address | : |
| Contact No. | : |
| Project Title | : RE-CALIBRATION OF BIOMEDICAL EQUIPMENT |
| Approved Budget of the Contract | : P 300,000.00 |
| End-User / Implementing Office | : ROSARIO MACLANG BAUTISTA GENERAL HOSPITAL |

Please quote your best offer for the item/s described below, subject to the Terms and Conditions provided. Submit your quotation duly signed by you or your duly authorized representative not later than **MARCH 22**, **2024**, **10:00 AM** Philippine Standard Time, together with the following documents of your company:

- PhilGEPS certificate (not expired on the time of opening of quotations);
- 2 Business Registration (DTI/SEC)
- 3 Mayor's/Business Permit (2024);
- 4 Tax Clearance; and
- 5 Omnibus Sworn Statement prescribed by the **QC BAC- Goods and Services**
- 6 Income/Business Tax Return (for FY 2022) (For ABCs above P500,000.00)
- If applicable, the JVA in case the joint venture is already in existence, or duly notarized statements from all the potential joint venture partners stating that they will enter into and abide by the provisions of the JVA in the instance that the bid is successful.

in a SEALED LONG BROWN ENVELOPE issued by QC BAC- Goods and Services.

NOTE: Submission of a Document Request List (DRL) is required prior to the issuance of the Long Brown Envelope.

ATTY. DOMINIC B. GARCIA
Officer-in-Charge Head, BAC-Secretariat

TERMS AND CONDITIONS

- 1. Bidders shall provide correct and accurate information required in this form.
- 2. Price quotation/s must be valid for a period of thirty (30) calendar days from the date of submission.
- 3. Price quotation/s, to be denominated in Philippine Peso shall include all taxes, duties and/or levies payable.
- Quotation exceeding the Approved Budget for the Contract (ABC) shall be rejected.
- 5. Award of contract shall be made to the lowest quotation (for goods) or the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
- Any interlineations, erasures or overwriting shall be valid only if they are signed or initiated by you or any of your duly authorized representative/s.
- 7. The City General Services Department (CGSD) shall have the right to inspect the goods.
- 8. Non-submission of eligibility documents shall mean disqualification of Quotation.
- 9. Liquidated damages equivalent to one tenth (1/10) of one percent (1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. CGSD shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.
- 10. Failure to follow these instructions will disqualify your entire quotation.

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s as follows:

| ITEM NO. | ITEM & DESCRIPTION | UNIT OF ISSUE | QTY. | UNIT PRICE | ITEM TOTAL |
|-------------|---|------------------|-------|---------------|------------|
| 1 | RM -MACHINE AND EQUIPMENT - CALIBRATION FLUKE | Lot | 1 | | |
| | Fluke Prosim-8 Re-Calibration | | | | |
| | Scope of Works | | | | |
| | • keypad Test | | | | |
| | Beeper Volume Level Test | | | | |
| | • LCD Display Test | | | | |
| | Host USB Port Functionality Test | | | | |
| | ECG Waveform Verification | | | | |
| | B20: E44 High level ECG output amplitude accuracy | | | | |
| | Respiratory Resistance Change of the following: | | | | |
| | 1. ECG Amplitude Accuracy-LEAD I (LA-RA) | | | | |
| | 2. ECG Amplitude Accuracy-LEAD II (LA-RA) | | | | |
| | 3. ECG Amplitude Accuracy-LEAD III (LA-RA) | | | | |
| | 4. ECG Amplitude Accuracy- VI-RL | | | | |
| | 5. ECG Amplitude Accuracy- V2 RL | | | | |
| | 6. ECG Amplitude Accuracy - V3 RL | | | | |
| | 7. ECG Amplitude Accuracy - V4 RL | | | | |
| | 8. ECG Amplitude Accuracy- V5 RL | | | | |
| | 9. ECG Amplitude Accuracy V6 RL | İ | | | |
| | • Simulated IBP Verification Channel #1 | | | | |
| | 1. Sensitivity: 5u V/V mmHg | | | | |
| | 2. Sensitivity: 40u V/V mmHg | | | | |
| | Simulated IBP Verification Channel #2 | | | | |
| | 1.Sensitivity: 5u V/V mmHg | | | | |
| | 2.Sensitivity: 40u V/V mmHg | | | | |
| | Temperature Verification | | | | |
| | Cardiac Output Verification | | | | |
| | Pressure leak Test | | | | |
| | Static Pressure Verification | | | | |
| | Pulse Displacement Verification | | | | |
| 40 | 1. 97% SP02 | | | | |
| | 2. 85% SP02 | | | | |
| | Wireless Communication Test | | | | |
| | | Total Q | uoted | Amount | |

| Delivery Period Warranty | : | Within Sixty (60) calendar days |
|-----------------------------|---|------------------------------------|
| | | Signature over printed name |
| | | Office Telephone No./Fax/Mobile No |
| | | Date |
| | | Email Address |

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