

**ADDRESS** 

## Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS UPPER KALINGA DISTRICT ENGINEERING OFFICE Bulanao, Tabuk City, Kalinga



Name of Procuring Entity : Request for Quotation (P.R. No.): 2024-12-175

Revised on : Date: December 18, 2024

Standard Form/Title : REQUEST FOR QUOTATION Office/End-User: Bids and Awards Committee

COMPANY NAME :

TEL. NO./FAX No. : TIN:

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 10:00 A.M. of December 26, 2024 in the return envelope attached herewith, to the BAC Secretariat for

Goods, DPWH-UKDEO, Bulanao, Tabuk City, Kalinga. NOTE: Electronic Submission of Quotation is not applicable.

## TERMS and CONDITIONS:

- 1. All entries must be typewritten or legibly written.
- 2. Delivery period within 10 days upon receipt of the approved unded Purchase Order (P.O). Administrative penalties pursuant to Sec. 69 of the Revised IRR-RA 9184 shall be imposed for non-delivery without valid reason.
- 3. Warranty shall be for a mininum of three (3) months for supplies & materials; one year for Equipment; 3 years IT Equipment from date of acceptance by the end-user.
- 4. Price validity shall be for a period of sixty (60) calendar days.
- 5. Mayor's Permit, PhilGEPS Registration Certificate, Omnibus Sworn Statement, & Income Tax Return shall be attached upon submission of the quotation.
- 6. Bidders shall submit original brochures of the product.
- 7. Please indicate the brand for each items being offered.
- 8. The approved budget ceiling for this procurement is **PhP120,450.00**
- All bidders shall submit brochures or specific brand with specifications with their bid for every items. Avoid unbalance bid on costing.



Stock/ Property No.	Unit	Item Description	Quantity	Unit Cost	<b>Total Cost</b>
Medical Supplies					
	рс	Examination Bed	1		
	рс	BP ANEROID with wheel, ALPK2	1		
	рс	Wheelchair	1		
	рс	Nebulizer machine	1		
	рс	Oxygen tank 20 lbs, complete set with oxygen regulator, flow meter humidifier and nasal cannula (with oxygen content ready to use)	1		
	рс	Oxygen tank 50 lbs, complete set with oxygen regulator, flow meter humidifier and nasal cannula (with oxygen content ready to use)	1		
	рс	Body weighing w/ height measurement scale	1		
	рс	Spine board	1		
	рс	Oxygen tank trolley cart( 20lbs, 50lbs)	1		
	рс	Nasal cannula( adult)	5		
	рс	Adult mask ( Nebulizer)	5		
	рс	Adult mask ( Oxygen)	5		
	рс	Needle syringe container	1		
	рс	Medical pillow	2		
	рс	Medical linen (fitted bedsheet)	2		
	рс	Pillowcase/cover	2		
	рс	Cervical collar neck brace	1		
	рс	Medical first aid bag	1		
		xxxxxnothingfollowsxxxxx			

		xxxxxnothingf	ollowsxxxxx			
	Pur	pose: Medical	l Equipment and Suppl	lies for DPWH-U	IKDEO.	
TOTAL AMOUNT IN WO	ORDS 8	& FIGURES:				
Name and Signat	ure of S	Supplier:				
	A	ddress:				
Telephone/Mo	bile N	lumber:				

c/o UKDEO email: dpwhukdeo.bac2016@yahoo.com





**CLINIC EXAMINATION BED** 

**BP ANEROID WITH WHEELS, ALPK2** 



WHEELCHAIR



## **NEBULIZER MACHINE**



**NEBULIZER ADULT MASK** 







**20 LBS OXYGEN TANK** 



NASAL CANNULA





**OXYGEN REGULATOR WITH FLOW METER HUMIDIFIER** 





BODY WEIGHING WITH HEIGHT MEASUREMENT SCALE

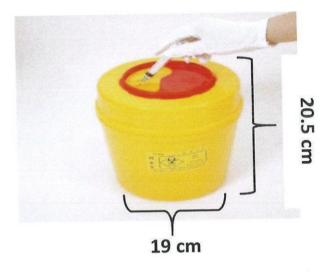




**SPINE BOARD** 

**OXYGEN TANK TROLLEY CART** 





**OXYGEN MASK** 

SHARP DISPOSABLE CONTAINER 5 LITER



MEDICAL PILLOW



PILLOW CASE AND FITTED







**CERVICAL COLLAR NECK BRACE** 

**MEDICAL FIRST AID BAG**