



Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
LOWER KALINGA DISTRICT ENGINEERING OFFICE
Bulanao, Tabuk City, Kalinga, Cordillera Administrative Region

Name of Procuring Entity: **DPWH-KDEO** Request for Quotation(P.R. No): **2024-11-0160**
Revised on: _____ Date: **13-Nov-24**
Standard Form/Title: **REQUEST FOR QUOTATION** Office/End user: _____

COMPANY NAME: _____

ADDRESS: _____

TEL. NO./FAX NO.: _____ TIN No. _____

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 November 20, 2023 in the return envelope attached herewith, to the BAC Secretariat for Goods, DPWH-KDEO Bulanao, Tabuk City, Kalinga.

TERMS and CONDITIONS:

- All entries must be typewritten or legibly written.
- Delivery period within ____ days upon receipt of the approved funded Purchase Order (P.O.). Administrative penalties pursuant to Sec. 69 of the Revised IRR-RA 9184 shall be imposed for non-delivery w/o valid reason
- Warranty shall be for a minimum of three months for supplies & materials; one year warranty for equipment from date of acceptance by the end-user.
- Price validity shall be for a period of sixty (60) calendar days.
- PhilEPS Registration No., Mayor's Permit, DTI, Income/Business Tax Return and Omnibus Sworn Statement shall be attached upon submission of the quotation.
- Bidders shall submit original brochures showing certifications of the product if applicable.
- Please indicate the brand for each items being offered
- The approved budget ceiling for this procurement is Php **825,790.00**



GENEROSO T. MUKAY
BAC Chairperson

Item no.	ITEMS & DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE
Annual Medical Check-up of DPWH-LKDEO Regular Employees for CY 2024					
	Routine Check-up:				
1	Complete Blood Count	85	persons		
2	Fasting Blood Sugar	85	persons		
3	Blood Uric Acid	85	persons		
4	Lipid Profile:	85	persons		
	a. Total Cholesterol				
	b. HDL/LDL				
	c. Triglycerides				
5	SGOT/SLT	85	persons		
6	SGPT/AST	85	persons		
7	Alkaline Phosphate	85	persons		
8	Urinalysis	85	persons		
9	Creatinine	85	persons		
10	Whole Abdomen Ultrasound w/ Reading Free	85	persons		
11	12 Lead ECG with Reading	85	persons		
12	Prostate - Specific Antigen Test (for Male)	27	persons		
13	Breast Ultra Sound, Bilateral (for female) with Reading Free	12	persons		
14	Ft4, TsH, T3	85	persons		
	Additional Requirements:				
	1. Must have a state of the art facilities/equipment. A certificate from the bidder is required				
	2. The bidder must be with existence and experience of atleast ten (10) years. A certificate from bidder is required				
	3. Tests shall machine read on automatically interpreted by the machine not manually. A certificate from bidder is required				

Total Amount in Words: _____

Brand and Model: _____ Warranty: _____
Delivery Period : _____ Price Validity: _____

After having carefully read and accepted your General Conditions, I/We quote you on the item(s) at prices note above. If the space for delivery Period, Warranty and Price Validity are left blank, it means we are menable the terms and condition stated above.

Printed Name/Signature/Date

Tel. No./ Cellphone No. / E-mail Address