

Republic of the Philippines
Department of Public Works and Highways
NATIONAL CAPITAL REGION
Manila

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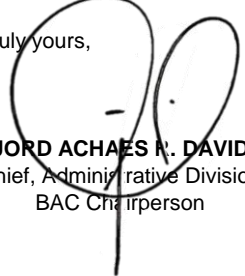
| | |
|--------------------------|---|
| Name of Procuring Entity | Request for Quotation (P.R.): 2025-02-003 |
| Revised on | Date: 02/07/2025 |
| Standard Form/Title | REQUEST FOR QUOTATION |
| Office/End-User: | DPWH-NCR |
| COMPANY NAME: | |
| ADDRESS : | |
| TEL. NO./FAX NO.: | |

Please quote your lowest price on the item(s) listed below, subject to the Terms and Condition listed below and submit your quotation duly signed by your representative not later than 9:00 A.M. of February 12, 2025 in the return sealed envelope attached herewith to the BAC Secretariat, 2nd Floor, 2nd St., Port Area, Manila

TERMS and CONDITION :

1. All entries must be type written or lightly written
2. Delivery period within Five (5) calendar 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 without valid reason.
3. Warranty shall be for a minimum of three (3) months for supplies & materials, one (1) year Equipment, from date of acceptance by the end-user
4. Price validity shall be for a period of sixty (60) calendar days.
5. PHILGEPS Registration Certificate or Registration No./ Mayor's Permit/ DTI or SEC Registration Certificate/ Tax Clearance / Omnibus Sworn Statement (For ABCs above ₱50K) / Income/Business Tax Return (For ABCs above ₱500k) shall be attached upon submission of the quotation.
6. Bidders shall submit brochures showing certifications of the product applicable
7. Please indicate the brand for each item being offered, delivery period, price validity and warranty.
8. All documents must be CERTIFIED TRUE COPY.
9. The approved budget ceiling for this procurement is **Php 400,725.00**

Very truly yours,


JORD ACHAS R. DAVID
Chief, Administrative Division
BAC Chairperson

| ITEM NO. | ITEM & DESCRIPTION | QTY | UNIT | UNIT PRICE | TOTAL AMOUNT | BRAND AND MODEL |
|----------|---|-----|------|------------|--------------|-----------------|
| 1 | Sharp Container use for needles and syringe | 10 | pc | P | P | |
| 2 | Blood Glucose test strips 10pcs/box Compatible with existing unit (Sinocare - Safe Accu 2) | 100 | box | P | P | |
| 3 | Cholesterol test strips 25pcs/box Compatible with existing unit (Easytouch 3 in 1) | 60 | box | P | P | |
| 4 | Uric Acid test strips 25pcs/box Compatible with existing unit (Easytouch 3 in 1) | 60 | box | P | P | |
| 5 | Lancets, 200pcs/box Sterile, single use Enclosed in sealed protective bag Universal design | 5 | box | P | P | |
| 6 | Battery, AAA | 300 | pc | P | P | |
| 7 | Battery, AA | 300 | pc | P | P | |
| 8 | Cotton balls, 150 balls/pack | 10 | pack | P | P | |
| 9 | Ballpen, black, water gel | 150 | pc | P | P | |
| 10 | Cotton ball canister Stainless steel with removable lids to keep moisture and dust out | 5 | pc | P | P | |
| | | | | | | |
| | | | | | | |

Delivery Period : _____

Price Validity : _____

Warranty : _____

After having carefully read and accepted your General condition I / We quote you on the item(s) at prices noted above.

Printed Name/Signature

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JORDACH/ES R. DAVID
Chief, Administrative Division
BAC Chairperson

| ITEM NO. | ITEM & DESCRIPTION | QTY | UNIT | UNIT PRICE | TOTAL AMOUNT | BRAND AND MODEL |
|----------|--|-----|------|------------|--------------|-----------------|
| 11 | Copy Paper, 80 gsm, A4 size (500sheets/ream) | 200 | ream | P | P | |
| 12 | Refillable Ink Tank Printer, A4 / Legal size | 1 | unit | P | P | |
| | Print, Scan, Copy, Fax with ADF | | | | | |
| | Borderless printing, transparent ink tanks | | | | | |
| | Input capacity: up to 250 sheets of Plain Paper | | | | | |
| | With warranty and user manual | | | | | |
| | Max resolution: 4800 x 1200 dpi | | | | | |
| | Print speed: at least 33.0 ppm (black), 20.0 ppm (colored) | | | | | |
| | Max copy resolution: 600 x 600 dpi | | | | | |
| | Scanner type: Flatbed color image scanner | | | | | |
| | Optical Resolution: 1200 x 2400 dpi | | | | | |
| | Type of Fax: Black-and-white, Color Fax Capability | | | | | |
| | Network: Ethernet, Wi-Fi, Wi-Fi Direct | | | | | |
| 13 | Ink bottle black (compatible with delivered printer) | 10 | btl | P | P | |
| 14 | Ink bottle cyan (compatible with delivered printer) | 10 | btl | P | P | |
| 15 | Ink bottle magenta (compatible with delivered printer) | 10 | btl | P | P | |
| 16 | Ink bottle yellow (compatible with delivered printer) | 10 | btl | P | P | |
| | x x x | | | | | |
| | GRAND TOTAL = | | | | P | |
| | NOTE: For use of DPWH NCR (COVID-19 Quarantine Facilities) | | | | | |

Delivery Period : _____

Price Validity : _____

Warranty : _____

After having carefully read and accepted your General condition I / We quote you on the item(s) at prices noted above.

Printed Name/Signature