



**PHILIPPINE GENERAL HOSPITAL**  
The National University Hospital  
University of the Philippines Manila  
**PURCHASING OFFICE**  
Taft Avenue, Manila

PHIC-Accredited Health Care Provider  
ISO 9001 Certified

**REQUEST FOR QUOTATION / PROPOSAL**

Date: **8 September 2021**

Purchase Request No.: **PUR21-07-0741& PUR21-08-0816**

Mode of Procurement: **NEGOTIATED PROCUREMENT - Small Value Procurement**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_


Please quote at your government price inclusive of VAT for the item/s listed below. It will be appreciated if you can submit your quotation duly signed by your representative at the **BAC 1 Secretariat Office (near PGH Chapel)**, Philippine General Hospital, Taft Avenue, Manila, not later than **3:00 PM, 15 September 2021**.

**General Conditions:**

- All entries must be typewritten or in print.
- Delivery Period: **Seven (7)** calendar days.
- Warranty shall be for a minimum period of six (6) months for supplies and materials, one (1) year for equipment from the date of acceptance by the procuring entity.
- Bidders must indicate the BRAND and MODEL NUMBER offered when appropriate.
- Price validity shall be for a period of 90 calendar days from the date of opening of quotation/proposal.
- Documentary requirements should be attached upon submission of the quotation / proposal.
 

<input checked="" type="checkbox"/> Valid Business / Mayor's Permit	<input checked="" type="checkbox"/> PhilGEPS Registration Number/Certificate
<input checked="" type="checkbox"/> Latest Business / Income Tax Return	<input checked="" type="checkbox"/> Notarized Omnibus Sworn Statement
- Supplier is required to submit single bid / offer only for each item. Two or more bids / offer is automatically disqualified.
- Others: **Samples of actual product/item must be submitted as may be required.**

For further information, you may call at (02) 8554-8400 local 3021 and look for Mr/Ms. CRISTY P. CRUZ.

  
**LOLITA G. ALVAREZ**  
Chief, Purchasing Office

End-User: **ORMAT-ORSA & Dept. of Medicine (CathLab)**

Item No.	Item Description	Qty	UOM	Unit Price (PHP)	Quoted Unit Price	Statement of Compliance		Remarks (Brand and specifications)
						Yes	No	
1	<b>Pre-Disinfectant Tri-Enzymatic Solution</b> 1. With chlorhexidine digluconate 2. 5 liters / gallon (4 gallons/box) 3. With closing pump of 25ml 4. Characteristics: <ul style="list-style-type: none"> <li>➤ Antimicrobial efficacy from 5 minutes</li> <li>➤ With disinfecting properties</li> <li>➤ Chlorine free formulation-non oxidation of materials</li> <li>➤ Neutral PH-compatible with aluminum alloys and robotic instruments</li> <li>➤ Non-corrosive effect on instruments</li> <li>➤ No need to use warm water for preparation</li> <li>➤ With ISO 9001 Certification</li> </ul>	16	case	37,670.00				
<b>Approved Budget for the Contract</b>				<b>602,720.00</b>				
<b>Total Amount of Quotation (in Words &amp; in Figures)</b>								

I/We, the undersigned Supplier, hereby OFFER to supply/deliver/perform the above described items.

Name of Company: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

Position / Designation: \_\_\_\_\_

Signature \_\_\_\_\_



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**TERMS AND CONDITIONS:**

1. Bidders shall provide correct and accurate information required in this form.
2. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.
3. Quotations exceeding the Approved Budget for the Contract shall be rejected.
4. Award of contract shall be made to the lowest quotation (for goods and infrastructure) or, the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
5. Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or any of your authorized representative/s.
6. The item/s shall be delivered according to the requirements specified in the Technical Specifications.
7. The UPM-PGH shall have the right to inspect and/or test the goods to confirm their conformity to the technical specifications.
8. The UPM-PGH shall assume no responsibility whatsoever to compensate or indemnify any supplier for expenses incurred in the preparation of Quotations/Proposals.
9. In case of two or more bidders are determined and declared as Lowest Calculated and Responsive Quotation, the UPM-PGH shall adopt and employ "draw lots" as the tie-breaking method to finally determine the winning provider in accordance with GPPB Circular 06-2005.
10. If the AWARDEE fails to effect delivery with the prescribed period, the UPM-PGH may upon its discretion, extend delivery period of subject, however, to the imposition of appropriate liquidated damages, the amount of which shall be at least equal to one-tenth of one percent (0.01%) of the cost of the unperformed portion for every day of delay, collectible from any money due or maybe due to the supplier/contractor. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, the UPM-PGH may rescind or terminate the contract, without prejudice to other courses of action and remedies open to it. If the AWARDEE, however, fails to effect completed delivery within the extended period, the UPM-PGH shall have the right to cancel said contract and shall constitute a ground for disqualification of the AWARDEE from future biddings, without prejudice to the imposition of other sanctions provided for under 2016 Revised IRR.
11. The UPM-PGH reserves the rights to reject any or all bids or not award the contract, to waive any formality or defect therein and to accept any or all offers that may be considered most advantageous to the Government.
12. Compliance with Republic Act (R.A.) 9184 and other applicable laws.

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**UNDERTAKING**

I/We undertake, if our quotation/proposal is accepted, to deliver the items in accordance with the General /Terms and Conditions contained in the Request for Quotation/Proposal.

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

Position / Designation: \_\_\_\_\_

Signature \_\_\_\_\_

Office Tel. No.: \_\_\_\_\_

Fax / Mobile No.: \_\_\_\_\_

e-Mail Address: \_\_\_\_\_

Date: \_\_\_\_\_

*K*