



Republic of the Philippines
Department of Health
Center for Health Development I

MARIANO MARCOS MEMORIAL HOSPITAL AND MEDICAL CENTER



City of Batang, Ilocos Norte (Trunk line: 077-600 8000)
E-mail address: mmmhq@batang.com
PhilGEPS Accredited Health Care Provider
ISO 9001:2015 Certified
PCG Compliant

REQUEST FOR QUOTATION

Company Name: _____
Complete Address: _____
Contact No.: _____
Email Address: _____
Printed Name & Signature: _____
(Bidder or Authorized Representative)
Validity: _____
Business Tax Identification Number: _____
Price Validity: _____
Warranty: _____
Delivery Period: _____
Brand and Model: _____

Date: November 16, 2022
Quotation No.: 22-10-027
Purchase Request No.: 2022-10-062
APP/s PPMP Code: ppmp2022-income.Add
Canvass No.: 2
Modality: shopping
BAC Resolution No.: 2022-10-100amp
End-user: Operating Room

Item No.	ABC PER ITEM	Qty.	Unit	Item and Description	Bidder's must state here either "COMPLY" or "NOT COMPLY" against each of the individual parameters of each specifications	Bidder's Offer (Technical Specifications and Brand)	Unit Price	Total Price	
1	685,000.00	1	Unit	Reverse Osmosis System 2000 GPD - with installation inclusion of 5 units fiber reinforced plastic tanks of 13x54 with fully automated backwashing operation, 2 units stainless storage tanks 1 unit 4040 R.O. membrane, control panel with pilot lights, selector switches, in contractors, O.I. relays, multisithged stainless boostek pump, auto pump controllers, stainless frame, sediment filter, solenoid valves, low pressure switch, UPVC pipes					
				<i>Note: Delivery terms is within seven (30) working days</i>					
				<i>Payment terms is within 45 working days upon complete delivery and submission of required documents as scheduled</i>					
Grand Total									

Deadline of Submission: 11/24/22 5:00 PM (late bids shall not be accepted)

Instructions/Notes to Bidders:

1. Please indicate the following information in your bid:

- Company Name
- Complete Address
- Contact Number
- Email Address
- Printed Name & Signature of Authorized Representative
- PhilGEPS Registration Certificate Number and Validity
- Business Tax Identification Number:
- Price Validity
- Warranty
- Delivery Period
- Brand and Model

2. Bids/Quotation may be submitted thru fax, email (mmmhmcpcmmcommunications@gmail.com) or directly to the BAC Secretariat Office on or before the deadline of submission of bids.

3. Supplies are required to submit the following prior to the notification by the BAC of the award: a) Valid and Current Mayor's/Business Permit; b) Valid and Current PhilGEPS Registration Certificate/Number; c)

4. Retention: The obligation for the warranty shall be covered by either retention money in an amount equivalent to at least one percent (1%) of every progress payment, or a special bank guarantee equivalent to

5. The total price quoted above is subject to withholding tax and payable check. The quoted price should be inclusive of freight charges. The supplier should deliver the items at MMMHMC.

By the Authority of the Bids and Awards Committee:

ELYZEL B. PUGUON, MD, DPSBNM, CCD / LOUIE A. GUERRERO, MD, FPCR
BAC CHAIRPERSON

Canvassed by: _____
Date: _____

