

Republic of the Philippines Department of Health JOSE R. REYES MEMORIAL MEDICAL CENTER BIDS AND AWARDS COMMITTEE

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jrrmmc_bacsec@yahoo.com

REQUEST FOR QUOTATION

Date: 05 May 2025

RFQ No.: CBACS-2025-05-0921

PR No.: 2025-04-2812

Radiology

NAME OF COMPANY:	
COMPANY ADDRESS:	
TAX IDENTIFICATION NO.:	
PHILGEPS REGISTRATION NO.: _	

Jose R. Reyes Memorial Medical Center, through its Committee on Bids and Awards for Contractual Services (CBACS), intends to procure <u>Sixty Seven (67) pieces OSL</u>, <u>Personnel Monitoring Service Device with return of result of 10-15 working days upon receipt of used monitoring services (12% VAT and courier fee <u>included</u>) in accordance with section <u>53.9</u> of the 2016 Revised Implementing Rules and Regulations of the Republic Act No. 9184.</u>

Please quote your *best offer* for this item described herein, subject to the Terms and Conditions provided at last page of this RFQ. Submit your quotation duly signed by you or your duly authorized representative not later than <u>09:00 AM on 09 May 2025.</u>

DOCUMENT	REMARKS
Mayor's Permit	Note: FOR NEW SUPPLIERS • Must be submitted with the RFQ.
Omnibus Sworn Statement	Must be updated.Expired Documents will not be accepted.

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **bacsec@jrrmmc.gov.ph**.

-SGD-RUFINO T. AGUDERA, MD, FPUA Chairperson, CBACS

INSTRUCTIONS:

- 1. Accomplish this RFQ correctly and accurately.
- 2. Do not alter the contents of this form in any way.
- 3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
- 4. Failure to follow these instructions will disqualify your entire quotation.

JRRMMC-F-BAC-VB-49 June 1, 2021 Revision No.: 0 Page ____ of ___



Republic of the Philippines Department of Health JOSE R. REYES MEMORIAL MEDICAL CENTER

BIDS AND AWARDS COMMITTEE

jrrmmc_bacsec@yahoo.com

After having carefully read and accepted the Terms and Conditions, I/ We submit our quotation/s for the item/s as follows:

Technical Specifications (ITEM DESCRIPTION)		N	Remarks	QTY	ABC/UNIT	BID OFFER/ UNIT	TOTAL
OSL, Personnel Monitoring Service Device with return of result of 10-15 working days upon receipt of used monitoring services (12% VAT and courier fee included)				67 pieces	3,380.00		

TERMS OF PAYMENT: (Please check one)	JOSE R. REYES MEMORIAL MEDICAL CENTER HOSPITAL BIDS AND AWARDS COMMITTEE (CBACS)
() Terms/ Deferred Payment	Chairman: Dr. RUFINO T. AGUDERA
() Cheque upon Delivery/Pick-Up Note: No Clearing time before the delivery	Members: Ms. ROSERINE ALBANIA Ms. AMY DUHAYLUNGSOD Mr. JHONY EMMANUEL IBAO
DELIVERY PERIOD: <u>As Called For</u>	Alternate Member:

PR No.: 2025-04-2812 Radiology

TERMS AND CONDITIONS:

- 1. Bidders shall provide correct and accurate information required in this form.
- 2. Price quotation/s must be valid for a period of *thirty (30) calendar days* from the date of the receipt of Purchase Order/ Job Order.
- 3. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties, and/ or levies payable.
- 4. Award of the 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 duly authorized representative/s.
- 6. The item/s shall be delivered according to the requirements specified in the Technical Specifications (item description).
- 7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
- 3. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

Signature over Printed Name
Position/ Designation
Office Telephone/ Fax Number
Email address/es
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JRRMMC-F-BAC-VB-49 June 1, 2021 Revision No.: 0 Page _____ of ____