



JOSE R. REYES MEMORIAL MEDICAL CENTER

Rizal Avenue, Sta. Cruz, Manila

BAC SECRETARIAT

SEALED BID

SEALED BID NO.: HBAC-A2-2021-04-573

DATE: April 2021

Gentlemen:

Please quote your price for item/s indicated below. Price quoted is final, and without condition and inclusive of all taxes. Bid Proposal should be submitted in sealed envelope, properly labelled, indicating the date and Sealed Bid No., not later than **8:30 am on April 2021** at the BAC Secretariat Office and thereafter publicly opened. Any change/erasure must be duly initialed otherwise, the bid shall be disqualified. Attendance of authorized representative is not mandatory on bid opening, in accordance with **Section 53.2** of the Revised Implementing Rules and Regulation of the Republic Act 9184.

THE COMMITTEE RESERVES THE RIGHT TO REJECT ANY AND ALL BIDS, DECLARE A FAILURE OF BIDDING AT 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.

(SGD)

EMELITO VALDEZ-TAN, M.D.

Chairman, HBAC-A-2

PR No.: **2021-03-1370 Medical Service**

Qty.	Unit	Description/Particulars	ABC	Unit Price	Total Price
20	Unit	<p>MACHINE, SUCTION</p> <p>Branded, Brand New</p> <p>Technical Specifications:</p> <ul style="list-style-type: none"> ➤ With built in trolley, ➤ with autoclavable plastic polycarbonate suction jar ➤ One jar of at least 2 liters capacity ➤ Heavy duty with antibacterial filter ➤ Low noise, <55dB ➤ Negative Pressure >0.09MPa (680mmHG) ➤ Equipped with the hand operated switch and footstep operated switch ➤ With wheels and lock ➤ With anti-bacterial filter and silicone tubings ➤ With warranty certificate and preventive maintenance and calibration <p>Documentary Requirements:</p> <ul style="list-style-type: none"> • Mayor's Permit • Omnibus Sworn Statement • Income / Business Tax Return • PhilGEPS Certificate 	30,000.00		



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Please check Mode of Payment:

___ 1. Terms

_____ Name of Company

___ 2. Cheque upon Delivery (COD)

_____ Address/TIN No.

No Clearing time before delivery

_____ Authorized signature over printed name/ Tel No.:

**NOTE: Signing for these request for quotation, is conforming to our payment terms you check
MAXIMUM DELIVERY PERIOD; WITHIN 7 WORKING DAYS UPON RECEIPT OF PURCHASE ORDER
HOSPITAL BIDS AND AWARDS COMMITTEE FOR SUPPLIES, MATERIALS & EQUIPMENT**

Chairman

Vice-Chairman

Member

Member

Member

Inspector/Internal Audit

COA Representative

Provisional End-User/Member

CHEL/jen041521