



**JOSE R. REYES MEMORIAL MEDICAL CENTER**  
Rizal Avenue, Sta. Cruz, Manila  
**BAC SECRETARIAT**

**SEALED BID**

SEALED BID NO.: HBAC-A2-2021-04-589

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.

*Emelito Valdez Tan*  
**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
10	Unit	<b>SYRINGE PUMP</b> <b>Branded, Brand New</b> <b>Technical Specifications:</b> <ul style="list-style-type: none"> <li>➤ Compatible with universal 10, 20 and 50ml syringes</li> <li>➤ Flow rate setting range, delivery rate 0.1 to 1200ml/hr (depends on syringe size).</li> <li>➤ Alarm: occlusion, infusion completion, standby, near empty, low battery, device malfunction, syringe disengaged.</li> <li>➤ With clear view LED screen.</li> <li>➤ With warranty certificate               <ul style="list-style-type: none"> <li>○ With free demonstration. Preventive maintenance and calibration</li> </ul> </li> </ul> <b>Documentary Requirements:</b> <ul style="list-style-type: none"> <li>• Mayor's Permit</li> <li>• Omnibus Sworn Statement</li> <li>• Income / Business Tax Return</li> <li>• PhilGEPS Certificate</li> </ul>	55,000.00		

*Handwritten initials*



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**Please check Mode of Payment:**

\_\_\_ 1. Terms

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

\_\_\_ 2. Cheque upon Delivery (COD)  
**No Clearing time before delivery**

\_\_\_\_\_  
Address/TIN No.

\_\_\_\_\_  
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

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