

Office of the Vice President of the Philippines

REQUEST FOR QUOTATION

Reference No.: 2021-539

SEAN AQUILINO MD

Proprietor
VMed Medical Co.

Dear **Doc. Aquilino**:

The Office of the Vice President (OVP) will undertake a Negotiated Procurement-Emergency Cases in accordance with Section 53.2 of the Implementing Rules and Regulations of Republic Act No. 9184 for the Project, ***“Supply and Delivery of Medical Supplies for Covid Care Kit”*** with an approved Budget for the Contract (ABC) Three Million Three Hundred Twenty Thousand Pesos (P3,320,000.00).

May we request for a quotation for the said Project per attached Specifications (Annex “A”) together with the following eligibility documents:

1. Valid and current Mayor’s/Business Permit;
2. PhilGEPS Registration Certificate;
3. Original Omnibus Sworn Statement;
4. Latest Income Tax Return;
5. Compliance to the Technical Specifications (Annex “A”); and
6. Accomplished Price Quotation Form (Annex “B”).

Kindly submit the quotation and eligibility documents on or before 8:00 p.m. of September 6, 2021. It may be done manually at the Property and Procurement Unit, 7th Floor, Ben-Lor Building, 1184 Quezon Avenue, Quezon City, through facsimile at telefax no. 370-1716 local 128, or via email at bacsecretariat@ovp.gov.ph.

For inquiries, you may contact the Bids and Awards Committee (BAC) Secretariat at telephone number 370-1716 local 128 to 129.


SOFIA C. YANTO-ABAD
BAC Chairperson

TECHNICAL SPECIFICATIONS

Bidders must state "**Comply**" in the column "Statement of Compliance" against each of the individual parameters of each "Requirement." Please do **not** just place check in the bidder's "Statement of Compliance."

Specification	Quantity	Statement of Compliance
Pulse Oximeter <ul style="list-style-type: none"> • Measure Blood Oxygen Saturation • Automatic Power Off • With pouch, Silicon case, lanyard and battery • Must have FDA Certificate or FDA CDMR application 	4,000 pcs	
Face Masks, 50 pcs/box <ul style="list-style-type: none"> • Disposable, 3-ply, non-woven, Elastic Ear loops, pliable elastic nose piece • medical grade 	4,000 boxes	
Digital Thermometer <ul style="list-style-type: none"> • High accuracy and fast response • Easy to read digital display • With automatic alarm 	4,000 pcs	
Valid and current Certificate of Product Registration (CPR) issued by the Philippine Food and Drug Administration (PFDA) or valid extension; or valid and current License to Operate (LTO) as medical device importer/ wholesaler issued by PFDA. Provided that in case of expired LTO, the application for renewal was made timely as per PFDA Circular No. 2011-004. In case of expired LTO, the following may be submitted: 1. Expired LTO; or 2. Application for Renewal Official Receipt as proof of payment for the renewal of LTO.	N/A	
Supplier must be able to delivery on September 6, 2021 at 1:00 p.m.	N/A	
Delivery Site: 7 Floor Ben-Lor Building, Quezon Avenue, Quezon City	N/A	
Schedule of deliveries may change upon notice from end-user during actual implementation	N/A	

I hereby certify to comply and deliver all the above Technical Specification.

Name of Company/Bidder

Signature over Printed Name

Date

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PRICE QUOTATION FORM

Date

The General Services Division

Office of the Vice President

7th Floor, Ben-Lor Building

1184 Quezon Avenue, Quezon City

Sir/Madam:

- (1) After having carefully read and accepted the terms and conditions in the Request for Quotation (RFQ), hereunder is our quotation/s for the item/s as follows:

Project	Item Description	Quantity	Unit	Unit Price	Total Price
Supply and Delivery of Medical Supplies for Covid Care Kit	Pulse Oximeter	4,000	pc		
	Face Masks	4,000	bx		
	Digital Thermometer	4,000	pc		
	Total (inclusive of VAT)				

- (2) We undertake to deliver above service per technical specifications; and
- (3) We agree to abide by this quotation/bid for a period of sixty (60) days after the date of deadline of submission specified in your RFQ.

(Amount in Words)

The above-quoted prices are inclusive of all costs and applicable taxes.

Very truly yours,

Name/Signature of Representative

Name of Company

Contact Number

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