



Republic of the Philippines
Province of Antique
PROVINCIAL BIDS AND AWARDS COMMITTEE FOR HEALTH
San Jose de Buenavista

NEGOTIATED PROCUREMENT
(SMALL VALUE PROCUREMENT)

Standard Form No. SF-GOOD-60
Revised on May 24, 2004
Various Suppliers/Contractors
San Jose, Antique/Iloilo City

Date: April 27, 2022
RFQ No. GG-2022-03-003

Please quote your lowest price on the item/s listed below, subject to the General Conditions stated herein the shortest time of delivery and submit your quotation duly signed by your representative not later than May 04, 2022 at the Room 1, Second Floor, Provincial Health Office, Atabay, San Jose, Antique at 2: 00 o' clock p.m. in the return envelope attached herewith.

RIC NOEL A. NACIONGAYO, MD, MPA, FPSMS
Provincial Health Officer II/BAC Chairman
(Procurement Officer)

ITEM NO	QTY	UNIT	DESCRIPTION	UNIT COST	TOTAL ABC/UNIT	BRAND OFFERED	BID PRICE/UNIT	TOTAL BID PRICE
1	12	tank	Liquified Petroleum Gas 50kgs., refill	4,255.30	51,063.60			
GRAND TOTAL ABC:					51,063.60			

TOTAL AMOUNT IN WORDS:

GRAND TOTAL BID P _____

TERMS/CONDITIONS AND REQUIREMENTS:

1. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES AND MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY.
2. MAYOR'S PERMIT.
3. PhilGEPs REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION.
4. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATION OF THE PRODUCT BEING OFFERED
5. BRAND NAME SHOULD BE REFLECTED IN THE BID OFFERED, IN CASE NOT AVAILABLE THE MANUFACTURER'S NAME SHOULD BE STATED.
6. BRING SAMPLE ONCE REQUIRED DURING POST QUALIFICATION/EVALUATION.
7. PARTIAL BID IS NOT ALLOWED.
8. FAILURE TO SUBMIT ANY DOCUMENTS AS REQUIRED, THE PAYMENT THEREOF SHALL NOT BE PROCESSED.

After having carefully read and accepted your Terms/Conditions and Requirements, I/We quote you on the item prices noted above.

Place of Inspection: PGSO, San Jose, Antique
Place of Delivery: PDMDH, Tobias Fornier, Antique (to be delivered by the winning supplier)
Delivery Period: w/ in 7 calendar days after receipt of Purchase Order

Printed Name/Signature

Company's Name

Tel. No./ Cellphone/E-mail Add.

Date

