

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office VII

Welfare and Gen. Maxilom Ave., Cebu City

REQUEST FOR QUOTATION SHOPPING

				RFQ No.	: DSWD7-2020-	-1330
				Date	November 20	, 2020
Company Name						
Company Address	:					
Contact Person						
Contact No.	·					
	ion No.:					
9.5						
Sir/Madam:						
incidental expenses	government price/s inclusions for the goods listed in A kindly furnish us with d	nnex A. Failur	e to indicate	e information	could be the bas	sis for non-
If you are the exclu please attach in you	sive manufacturer, distril r quotation a duly notariz	butor or agent ed certification	in the Phili to this effec	ppines for th	ne goods listed in	Annex A,
Interested supplier/ Registration Numb	s are required to subrect upon submission of qu	mit true copie uotation/s.	es of their	valid May o	or's Permit and	Philgeps
DSWD Field Office	and submit this form toge VII, Cebu City or send it e-mail to bac.fo7@dswd.g	through facsir	mile numbe	rs (032) 233	-8785; 232-0261	Secretariat, ; 231-2172
			Very trul	- L		
				Muff		
				IO P. BACO	L.	
			AO V/Hea	ad, Procureme	ent Management Se	ection
Terms and Condition	ons:					
1. Award shall be ma	ade on per: item	basis ✓ to	otal quoted p	orice I	ot basis	
2. Quotation validity	shall be not less than 60	calendar days	<u>s.</u>			
3. Good/s or Service	s shall be delivered within	n 30 days upo	n receipt of	approved Pu	urchase Order.	
4. Place of Delivery:	DSWD FOVII, Cebu C	ity				
5. Terms of Paymen	t: within 30 calendar d	ays from the r	receipt of B	Billing Stater	ment / Sales Invo	oice.
_	ges/Penalty: One-tenth					
	ancy between total price	•	nit price for	the item as	extended or multi	plied
	that item, the latter shall p	50				
8. Warranty Period,	if applicable:					
					1	
				REIN	AFLOR C. VISTO)
					Canvasser	
I am interested to qu	ote and agree to the tern	ns and condition	ons.			

(Signature over Printed Name of Supplier / Service Provider / Authorized Representative over Printed Name)

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■ DSWD DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT Field Office VII, Cebu City

Company N Company A Contact Per Contact No	Company Name Company Address Contact Person Contact No.	atration N			RFQ I Date:	 Vo	DSWD7-2020-1330 November 20, 2020
Tilling		Stration	NO.:	Statement of			
item No.	aty.	Unit	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
1	13	unit	BLOOD PRESSURE MACHINE				
			Specifications:				
			>Standard Cotton Cuff				
			>Non-Stop pin manometer				
			>2 tube adult size bladder				
			>Standard latex bulb				
			>Vinyl zipper bag				
			>Air-release valve with spring				
			>Standard end valve				
2	13	unit	GLUCOMETER				
			Spefications:				
			>Blood sample:fresh peripheral whole bloods, venous whole blood		27		
			>Calibration sample:venous plasma				
			>Blood volume:0.6				
			>Test Range:20-600mg/dL(1.1-33.3mmol/L)				
			>Test Time:10s				
			>Memory:200 test results		23		
			>HCT:30-60%			15	
		2.1			N2.		

VISTO	REINAFLOR C. VISTO Canvasser	I Z J		Note: Procurement procedure in accordance with DSWD-Memorandum Circular No. 2, Series of 2007.	rement p	Procu	Note:
	5		2007	For DSWD Staff use.	For D	se :	Purpose
				End User: SOCIAL PENSION PROGRAM (SOCPEN)	OCIAL P	Jser: S	End (
	e.		oner (prano, model, ong)	Funds	Charge to: SOCPEN Funds	e to: S (Charg
ons" column may be filled up with supplier's or may cony "Articles/Description" stated if	may be filled u		Note: "Bidder's S	Approved Budget for the Contract: Php72,600.00	iget for th	wed Bu	Appro
				>Unit weight:Approximately 38g (no battery)			
				>Powered source:2 pcs AAA battery			
				>Display:Colorful TFT display 1.1 inch			
				>Pulse rate display:30bpm-250bpm, +1%	-		
				>Blood Oxygen Saturation:36%-99%, +2%			
				>Multi directional display			
				>User friendly functions			
				>Easy to use	10 - 10 - 10 · 10		
				>Suits OR, ICU emergency transportation			
				>Advanced DSO algorithm			
				>Mute/Beep function			
				>Low power consumption			
				>Large display, four display directions			
				>Fingertip/clamp type pulse oximeter			
				IT FINGERTIP PULSE OXIMETER	unit	13	4
				>Minimum of 50 test strips and 50 lancet needles in a bottle			
				>Strips should be available in the local market			
				>All strips should have at least one year date from the date of supply			
				>Minimum of 4 months shelf life after opening the strip vial			
				> lise for capillary blood samples			
				>Measurement range:1.1-33.3mmol/L			
				le BLOOD GLUCOSE TEST STRIP WITH LANCET NEEDLE	bottle	5	ω
Total Cost	Unit Cost	Bidder's Specifications	Compliance (State "Comply" or "Not Comply")	t Articles / Descriptions	Unit	Qity.	Item No.
			Statement of				

Signature of Supplier / Service Provider / Authorized Representative Over Printed Name