

REQUEST FOR QUOTATION

Date : _____

RFQ No.: _____

Name of Company : _____

Address : _____

Name of Store/Shop : _____

Address : _____

TIN : _____

PhilGEPS Registration Number (required prior to award): _____

The **Small Business Corporation (SBCorp)**, through its Bids and Awards Committee (BAC), intends to procure **Procurement of Various Medical Supplies for SBCorp Clinic – Head Office** in accordance with **Section 53.9** of the 2016 revised Implementing Rules and Regulations of Republic Act of 9184.

Please quote your **best offer** for the item/s described herein, **subject to the Terms and Conditions** provided at the last page of this RFQ. Submit your quotation duly signed by you or your authorized representative not later than **June 18, 2025 at 10:00 AM**. A copy of your **valid Business/Mayor's Permit, Philgeps Registration, Notarized Omnibus Sworn Statement***, and **BIR 2303** is also required to be submitted along with your quotation/proposal.

For any clarification, you may contact us at telephone no. (02) 5328-1100 to 10 local 1734 or email address at bac@sbcorp.gov.ph ; jperez@sbcorp.gov.ph


Rowena G. Betia
BAC Chairperson

INSTRUCTIONS:

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way
3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements Will disqualify your quotation.
4. Failure to follow these instructions will disqualify your entire quotation.

**Submit the following documents:*

1. *Certified-true-copy of Secretary's Certificate for corporation, partnership or cooperative; or*
2. *Special Power of Attorney:*
 - a. *Joint venture - executed by all members thereof giving full powers and authority to its officers to sign the OSS/Sworn Statements and do acts to represent the bidder; or*
 - b. *Single Proprietorship – if the person representing the company or acting on behalf of the company is not the registered owner.*

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After having carefully read and accepted the Terms and Conditions, I/we submit our quotation/s for the item/s as follows:

Procurement of (Name of Item/s to be procured)								
TECHNICAL SPECIFICATIONS (detailed)		REMARKS						
<p>SMALL BUSINESS CORPORATION TERMS OF REFERENCE</p>								
<p>I. NAME OF PROJECT AND PURPOSE</p> <p>The procurement of essential semi-expandable medical equipments and supplies aims to enhance the efficient delivery of healthcare services to employees through the company clinic. This acquisition supports compliance with occupational health standards, strengthens emergency preparedness and promotes preventive healthcare initiatives.</p>								
<p>II. SCOPE OF PROCUREMENT</p> <p>This procurement covers the supply and delivery of various medical supplies and semi-expandable equipments in accordance with the technical specifications outlined herein. Suppliers must ensure compliance with technical quality standards, pricing and delivery requirements.</p>								
<p>III. SPECIFICATIONS</p>								
<p>A. Medical Furniture</p> <table border="1"> <thead> <tr> <th>ITEM</th> <th>QUANTITY</th> <th>SPECIFICATION</th> </tr> </thead> <tbody> <tr> <td>Electric Examination Bed</td> <td>One (1) Unit</td> <td> <ul style="list-style-type: none"> 2-3 cranks, electric size: 21cm x 36cm x 75cm Hole-punching type bed board, P.P head and foot board Features detachable head and foot board, with pedal brake. Adjustable back rest, up and down sliding guardrails with leatherette mattress hand-switch operated push button. </td> </tr> </tbody> </table> <p>• Approved Budget: Php49,000.00</p>			ITEM	QUANTITY	SPECIFICATION	Electric Examination Bed	One (1) Unit	<ul style="list-style-type: none"> 2-3 cranks, electric size: 21cm x 36cm x 75cm Hole-punching type bed board, P.P head and foot board Features detachable head and foot board, with pedal brake. Adjustable back rest, up and down sliding guardrails with leatherette mattress hand-switch operated push button.
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		<ul style="list-style-type: none"> • Mercury-free • Adjustable Height of Stand • Adjustable Gradient for Easy Reading • With small basket Desk • Wall Mount Type or Floor Type 	
<ul style="list-style-type: none"> • Approved Budget: Php15,000.00 			
Manual BP monitoring with stethoscope	One (1) Unit	<ul style="list-style-type: none"> • Certified Accuracy for precise blood pressure measurements • Shock-Resistant • 360° Rotating Gauge • FlexiPort Cuff Design • Premium Inflation System • Latex-Free 	
<ul style="list-style-type: none"> • Approved Budget: Php3,500.00 			
Blood Pressure Cuff (Extra-Large size)	Two (2) Pieces	<ul style="list-style-type: none"> • BP Cuff with Inflation Bag (Obese) • Heavy duty velcro material • Adult (660x175mm) • Material: COTTON / NYLON 	
<ul style="list-style-type: none"> • Approved Budget: Php2,000.00 (Php1,000.00 per unit) 			
Pulse Oximeter	Two (2) Pieces	<ul style="list-style-type: none"> • Big font mode display • Lightweight and easy-to-use • Color OLED display • Adjust the parameters in friendly menu • Low battery voltage indicator 	

		<ul style="list-style-type: none"> • Real-time spot-checks • Visual and sound alarm function • Automatically switch off while no signal • Standard accessory: battery 2pcs, with hanging string • Rechargeable (if possible) 	
<ul style="list-style-type: none"> • Approved Budget: Php5,000.00 (Php2,500 per piece) 			
Digital Thermometer	Two (2) Pieces	<ul style="list-style-type: none"> • Water-resistant • Battery Replaceable • For Oral, Rectal and Underarm Temperature Measurement • Fast and accurate Measurement • Display in 0.1 Degree Increment Selectable °C / °F 	
<ul style="list-style-type: none"> • Approved Budget: Php2,000.00 (Php1,000.00 per piece) 			
Tympanic Thermoscan	One (1) Unit	<ul style="list-style-type: none"> • Selectable °C / °F • Ergonomic Design for Easy Handling • Adjusts for variability in probe placement • Stability of the probe during measurement • Quick and accurate readings • Fever Alarm with Beeper 	
<ul style="list-style-type: none"> • Approved Budget: Php5,000.00 			

Digital weighing scale	One (1) Piece	<ul style="list-style-type: none"> • Anti-slip safety • Maximum weight capacity: 180 kg/400lbs • Kg / lb. unit weight unit options • Auto on/off • Indicator Display: Zero weight, Numerical weight/measurement, Unit of measurement • LCD display • History data review • With low battery power indication and Error Display 	
<ul style="list-style-type: none"> • Approved Budget: Php5,000.00 			
6. Glucometer with strips	One (1) Unit	<ul style="list-style-type: none"> • Micro painless blood collection • High precision and stable quality • Small and lightweight product nation • Automatic calibration • Large screen display product • High measurement accuracy • Automatic strip ejection • Large memory capacity • Testing time: 5-10 seconds • Spill-resistant vial 	
<ul style="list-style-type: none"> • Approved Budget: Php5,000.00 			
Oxygen Tank 5lbs with complete set	One (1) Unit	<ul style="list-style-type: none"> • Oxygen Cylinder: aluminum or steel 	

		<ul style="list-style-type: none"> Regulator: with pressure gauge and flow meter Flexible Oxygen Tubing (mask or nasal cannula) Carrying Case Wrench (for opening the cylinder valve) Pressure relief valve to prevent over-pressurization 																																																					
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Oxygen tank 10lbs	One (1) Unit	<ul style="list-style-type: none"> 5lbs: with trolley/carrier/cart 10lbs: no trolley 																																																					
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<p>IV. DELIVERY AND INSPECTION</p> <ol style="list-style-type: none"> The supplier must deliver the medical items within the agreed timeline after the issuance of the Notice to Proceed (NTP) to the Corporation's address at 139 Corporate Center, Valero Street, Salcedo Village, Makati City. Items must be delivered in their original packaging, complete with all necessary accessories and manuals. 																																																							

- c. The equipment must comply with all relevant specifications and all required medical accessories must be included.
- d. A quality inspection will be conducted upon delivery to verify compliance with specifications. The SB Corp has the right to reject or return the items and cancel the corresponding Notice of Award and Purchase Order (PO) if the items delivered are found to be defective, incomplete, non-compliant with the specifications or different from the sample previously submitted.

V. WARRANTY AND AFTER-SALES SUPPORT

- a. All equipment must have at least a one (1) year warranty against factory defects.
- b. The supplier should have a service center or authorized service provider nationwide.

VI. PAYMENT TERMS

- a. Payment will be made after complete delivery and successful inspection of the medical items.
- b. The supplier must submit an official invoice and other required documents for payment processing.
- c. Any defective medical furnitures and equipments must be replaced at no additional cost.

VII. GENERAL CONDITIONS

- a. The supplier must comply with all applicable government regulations related to procurement and taxation.
- b. Any disputes arising from this procurement process shall be settled in accordance with relevant laws and regulations.
- c. The procuring entity reserves the right to accept or reject any or all proposals without providing justification.

DELIVERY REQUIREMENT	
a) Line Items	
b) 17 th Flr., 139 Corporate Center, 139 Valero St., Salcedo Village, Makati City	
c) Thirty (30) days upon receipt of Notice to Proceed (NTP)	

FINANCIAL OFFER:

Please quote your **best offer** for the item below. Please do not leave any blank items. Indicate “0” if item being offered is for free.

PROCUREMENT OF (name of item/s to be procured)			
Quantity (A)	Description/Brand/Model (B)	Unit Price (C)	Total Offered Quotation (A x C)
ABC (Php103,500.00) Tax Inclusive (see P.6 for breakdown per items)			In words _____ In figures: _____

TERMS AND CONDITIONS

- Bidders shall provide correct and accurate information required in this form.
- Bidders may quote for any or all the items.
- Price quotation/s must be valid for a period of thirty (30) calendar days from the date of submission.
- Price quotation/s, to be denominated in Philippine peso, shall include all taxes, duties and/or levies payable.
- Quotations exceeding the Approved Budget for the Contract (ABC) shall be rejected.
- Award of contract shall be made to the lowest quotation (for goods and infrastructure) or, the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
- Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
- The item/s shall be delivered according to the requirements specified in the Technical Specifications.
- The SBCorp shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
- In case of two or more bidders are determined to have submitted the Lowest Calculated Quotation/Lowest Calculated and Responsive Quotation, the SBCorp shall adopt and employ “draw

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lots” as the tie-breaking method to finally determine the single winning provider in accordance with GPPB Circular 06-2005.

11. Payment shall be made after delivery and upon the submission of the required supporting documents, i.e, order slip and/or billing statement, by the contractor. Our Government Servicing Bank, i.e, the Land Bank of the Philippines, shall credit the amount due to the contractor’s identified bank account not earlier than twenty four (24) hours, but not later than forty-eight (48) hours, upon receipt of our advice. Please note that the corresponding bank transfer fee, if any, shall be chargeable to the contractor’s account.
12. Liquidated damages equivalent to one tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. The SBCorp shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.

Office Telephone No. _____

Signature over Printed Name

Mobile No. _____

Position/Designation

Email address: _____