

**Bid Notice Abstract**

Request for Quotation (RFQ)

Reference Number 9003160

Procuring Entity CITY OF PASIG

Title Repair and Parts Replacement of Various Medical Equipment for the Nursing Service Office - Pasig City General Hospital

Area of Delivery Metro Manila

Solicitation Number:	100-22-03-446	Status	Active
Trade Agreement:	Implementing Rules and Regulations	Associated Components	1
Procurement Mode:	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Bid Supplements	0
Classification:	Goods	Document Request List	0
Category:	Hospital / Medical Equipment Services	Date Published	10/09/2022
Approved Budget for the Contract:	PHP 645,000.00	Last Updated / Time	10/09/2022 00:00 AM
Delivery Period:	30 Day/s	Closing Date / Time	13/09/2022 16:00 PM
Client Agency:			
Contact Person:	Rho Depaudhon BAC Secretariat Pasig City Hall, Caruncho		

Avenue,
Barangay San Nicolas,
Pasig City
Metro Manila
Philippines 1600
63-2-86431111 Ext.1461

bidsandawards@pasigcity.gov.ph

Description

Items Quantity / Units

- 1 Repair & replacement of parts Mechanical Ventilators,
- SN#'s BGT01829, BGT01887, BGT01932, BGT01947, BGT01952, BGT01955
1 lot
2 Internal Tubing,
- * for SN#'s BGT01829, BGT01887 2 pcs
3 Oxygen Sensor.
- * for SN#'s BGT01829, BGT01932, BGT01947, BGT01952 4 pcs
4 Shut-off Solenoid,
- * for SN#'s BGT01829, BGT01932, BGT01947, BGT01952, 4 pcs
5 Poppet Assy,
- 10's pack
*for SN#' BGT01887 1 pack
6 Valve Body,
- * for SN# BGT01887 1 pcs
7 Fan Assy,,
- * for SN# BGT01932 1 pcs
8 PM Kit,
- SN#'s BGT01932, BGT01947 2 pcs
9 EPI PCBA,
- * for SN# BGT01955 1 pcs
10 Nebulizer Solenoid,
- * for SN# BGT01955 1 pcs

PRICE QUOTATION/S SHOULD BE PRINTED ON COMPANY'S OFFICIAL
LETTERHEAD TOGETHER WITH THE FOLLOWING UPDATED DOCUMENTS;

- Mayor's/Business Permit
- PhilGEPS Registration Number
- Income/Business Tax Return
- Accomplished and notarized Omnibus Sworn Statement
(<https://www.gppb.gov.ph/assets/forms/Omnibus%20Sworn%20Statement>
(Revised).docx)
- Proof of Authorization: Secretary's Certificate if corporation, or Special Power
Of Attorney, if individual

NOTE:

TO BE SUBMITTED SEALED AND LABELED ON A LONG BROWN ENVELOPE,
FOLLOWING THIS FORMAT AS FOLLOWS:

FOR:

ATTY. JOSEPHINE C. LATI-BAGAOISAN
BAC Chairperson

THRU:

ATTY. PONCE MIGUEL D. LOPEZ
Head-BAC Secretariat
BAC Secretariat's Office
4th Floor, Pasig City Hall,
Caruncho Avenue,
Pasig City

DATE : _____

COMPANY'S NAME : _____

PhilGEPS REFERENCE NUMBER : _____

PROJECT TITLE : _____

Date Created 09/09/2022

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