



Republic of the Philippines

DEPARTMENT OF AGRICULTURE WESTERN VISAYAS

Hamungaya, Brgy. Buntatala, Jaro, Iloilo City westernvisayas@mail.da.gov.ph | (033) 336-4221

PR# 2024-1334

July 16, 2024Date

REQUEST FOR QUOTATION

2024-772 (SVP)

INSTRUCTIONS:

- 1. Bidders are required to read the instructions and fill all the blanks properly.
- 2. Prospective Bidders/Suppliers may submit their own canvass form in accomplishing their bid proposals/quotations subject to the condition that the DARFO VI official RFQ form shall be filled up (with offered brand, unit price and total price), signed properly and attached together with the Bidder's/Supplier's own canvass form. (Please write legibly)
- 3. Any erasure or alteration in the unit and/or total price shall render the offer of the supplier invalid.
- 4. Any specifications other than those required/stated in this form shall not be considered in the evaluation of bids.
- 5. Quotation(s) must include all kinds of taxes for the item(s)/services listed hereunder, including delivery charges.
- 6. The brand name/model of the offered item(s)/product(s) or services must be indicated, if applicable/required.
- 7. Sealed Quotation(s) / Proposal(s) shall be manually submitted to DA Western Visayas, BAC Secretariat Office, RCPC Building, DA-WESVIARC., Brgy. Buntatala, Jaro, Iloilo City with the **Name of Supplier, PR Number, and Deadline for Submission**.
- **8. DEADLINE** FOR SUBMISSION OF BIDS: **July 23, 2024 at 5:00 pm.**
- 9. Price quotation(s) submitted shall be valid for a period of 45 days reckoned from the deadline for submission of quotations.
- 10. Awarding shall be done for the whole lot. Partial bids shall not be allowed.
- 11. Validity of stocks: 60 days
- 12. Terms of payment: within 15 days after inspection and acceptance and shall be made through Land Bank's LDDAP-ADA/Bank Transfer facility. Bank Transfer fee, if any, shall be charged against the creditor's account.
- 13. Delivery period: August November 2024
- 14. Delivery point: Iloilo City; Iloilo ROS; Antique ROS; Capiz ROS & Negros Occidental ROS
- **15**. The period of submission of the following documents are as follows:

Document	Submission Period*		
Certified True Copy of Valid			
Mayor's/Business Permit	Should be submitted upon		
Certified True Copy of PhilGEPS	submission of Request for		
Registration Number (Red or Platinum)	inum) Quotation		
Omnibus Sworn Statement			
(for ABC above Php 50,000.00)			
Income Tax Return			
(for ABC above Php 500,000.00)			

16. Non-receipt of a Notice of Award within a period of 30 calendar days from the deadline of the submission of the RFQ is presumed that this offer is non-responsive.





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PR No. 2024-1334 Solicitation No. 2024-510

ABC: Php 430,100.00 End-User:

End-User: REIN T. OROCIO

Contact No.:

pax	Procurement of Supply and Delivery of Medical & Physical Examination for Permanent Employees			
pax	De ales es in ales de a the a Callancian e			
	Package includes the following Laboratory Tests:			
	1. Drug test			
	2. Blood test (CBC)			
	3. Chest X-ray PA view			
	4. Lipid profile			
	5. FBS			
	6. SGPT			
	7. SGOT			
	8. Creatinine			
	9. ECG			
	10. Urinalysis			
	11. Uric acid			
	1. Medical provider shall conduct on site Medical-Physical examinations 2. Medical provider shall provide Mobile X-Ray Unit and remote drug test collection facility 3. Medical provider shall provide folding bed to be used during ECG 4. Medical provider shall provide specimen cups 5. Medical provider should include Physician to interpret laboratory results and conduct Physical Examination 6. Medical provider shall cater employees assigned in Antique ROS, Capiz ROS, Iloilo ROS and Negros Occidental ROS 7. Medical provider shall provide their own food.			
		3. Chest X-ray PA view 4. Lipid profile 5. FBS 6. SGPT 7. SGOT 8. Creatinine 9. ECG 10. Urinalysis 11. Uric acid Inclusions: 1. Medical provider shall conduct on site Medical-Physical examinations 2. Medical provider shall provide Mobile X-Ray Unit and remote drug test collection facility 3. Medical provider shall provide folding bed to be used during ECG 4. Medical provider shall provide specimen cups 5. Medical provider should include Physician to interpret laboratory results and conduct Physical Examination 6. Medical provider shall cater employees assigned in Antique ROS, Capiz ROS, Iloilo ROS and Negros Occidental ROS 7. Medical provider shall provide their	3. Chest X-ray PA view 4. Lipid profile 5. FBS 6. SGPT 7. SGOT 8. Creatinine 9. ECG 10. Urinalysis 11. Uric acid Inclusions: 1. Medical provider shall conduct on site Medical-Physical examinations 2. Medical provider shall provide Mobile X-Ray Unit and remote drug test collection facility 3. Medical provider shall provide folding bed to be used during ECG 4. Medical provider shall provide specimen cups 5. Medical provider should include Physician to interpret laboratory results and conduct Physical Examination 6. Medical provider shall cater employees assigned in Antique ROS, Capiz ROS, Iloilo ROS and Negros Occidental ROS 7. Medical provider shall provide their own food.	3. Chest X-ray PA view 4. Lipid profile 5. FBS 6. SGPT 7. SGOT 8. Creatinine 9. ECG 10. Urinalysis 11. Uric acid Inclusions: 1. Medical provider shall conduct on site Medical-Physical examinations 2. Medical provider shall provide Mobile X-Ray Unit and remote drug test collection facility 3. Medical provider shall provide folding bed to be used during ECG 4. Medical provider shall provide specimen cups 5. Medical provider should include Physician to interpret laboratory results and conduct Physical Examination 6. Medical provider shall cater employees assigned in Antique ROS, Capiz ROS, Iloilo ROS and Negros Occidental ROS 7. Medical provider shall provide their own food.





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For the Bids and Awards Committee:

REIN T. OROCIO	
Head. BAC-Secretariat	

DA WESTERN VISAYAS

Bids and Awards Committee WESVIARC, Hamungaya, Jaro, Iloilo City

SIR / MADAM:

In connection with the above request, I/we submit our quotation indicated above. I/We have carefully read and fully understood the minimum requirements and agree to furnish and/or deliver in conformity with the specifications any or all said articles described above within the date stipulated herein.

Signature over Printed Name	Registered Name of Company	Tax Identification Number (Indicate VAT or non-VAT registered)	
Address	Contact number(s)	E-mail Address	
Banking Institution	Branch	Account Name	
Account Number		Date Accomplished	