



# PHILIPPINE INTERNATIONAL TRADING CORPORATION

5/F NDC Building, 116 Tordesillas Street, Salcedo Village, Makati City

## Request for Quotation RFQ Reference No. GPG-EP-2020-055 (EMERGENCY PROCUREMENT)

### SUPPLY AND DELIVERY OF ONE (1) LOT BRAND NEW ELECTROCAUTERY MACHINE AND SURGICAL SMOKE EVACUATION FOR THE UNIVERSITY OF THE PHILIPPINES (MANILA) - PHILIPPINE GENERAL HOSPITAL (UPM-PGH)

The Philippine International Trading Corporation (PITC) and the University of the Philippines (Manila) - Philippine General Hospital (UPM-PGH) intend to apply the sum of the following amounts being the Approved Budget for the Contract (ABC) to payments under the contracts for the corresponding items, more particularly described as follows:

Item No.	Item Description	Quantity	Approved Budget for the Contract (ABC) (P) (VAT Inclusive)	
			Unit Price	Total Price
<b>One (1) Lot consisting of the following items:</b>				
1.	Electrocautery Machine	12 units	750,000.00	<b>9,000,000.00</b>
2.	Surgical Smoke Evacuator	3 units	500,000.00	<b>1,500,000.00</b>
<b>TOTAL ABC FOR THE LOT (P)</b>				<b>10,500,000.00</b>

**NOTE:**

Bids received in excess of the ABC shall be automatically rejected.

May we request Philippine Eligible Local First-Tier Distributors to submit quotation under the following requirements, terms and conditions for compliance. **Local First Tier Distributor** are those directly appointed by the principal manufacturer.

**For submission:**

**1. Minimum Eligibility Requirements:**

- a. Valid and current Certificate of PhilGEPS Registration (Platinum Membership)
- b. DTI or SEC Registration;
- c. Business / Mayor's Permit for 2020 issued by the city or municipality where the principal place of business of the prospective supplier is located;
- d. Valid and current Tax Clearance
- e. Copy of Audited Financial Statements for 2019 and 2018 (in comparative form or separate reports). The following reports must be stamped "received" by the BIR:
  - (a) Independent Auditor's Report;
  - (b) Balance Sheet (Statement of Financial Position); and
  - (c) Income Statement (Statement of Comprehensive Income).

**2. Technical Requirements:**

- a. Completely filled out PITC Technical Quotation Forms: **Annex I**;
- b. Product Brochure / Technical Data Sheet and Instructions to use in Hard Copies (English Language) of the item/s being offered **showing compliance** to the technical specifications of UPM-PGH for following:
  - Electrocautery Machine
  - Surgical Smoke Evacuator



- c. **For Philippine Eligible Local First Tier Distributors:** Copy of Valid and Current Certificate of Distributorship (as First Tier Distributor) issued by the principal manufacturer authorizing the bidder to sell/distribute the items subject of this bidding.

The Certificate MUST INDICATE/INCLUDE the following:

- a) That the manufacturer has been in the business manufacturing medical equipment for ten (10) years;
  - b) That the principal and the local distributor must have been in the business partnership for the past five (5) years;
  - c) that service engineers are factory trained on service and repair
- d. Omnibus Sworn Statement, **Annex II**;
- a) Authority of the designated representative
  - b) Non-inclusion in blacklist or under suspension status
  - c) Authenticity of Submitted Documents
  - d) Authority to validate Submitted Documents
  - e) Disclosure of Relations
  - f) Compliance with existing labor laws and standards
  - g) Bidders Responsibilities
  - h) Did not pay any form of consideration

### 3. Financial Requirements:

- a. Completely filled out PITC Financial Quotation Form: **Annex III** - Supplier's price proposal must not be more than the ceiling price per item and must be inclusive of VAT;
- b. Price must be valid for One Hundred Twenty (120) calendar days upon submission of quotation.

### Requirements if Awarded the Contract

- Delivery Period:  
**For Item No. 1:** Within Fifteen (15) calendar days after receipt of Notice to Proceed.  
**For Item No. 2:** Within Ninety (90) calendar days after receipt of Notice to Proceed.
- Delivery Place: Equipment Section, Property and Supply Division, Philippine General Hospital, Taft Avenue, Manila

Should your company be interested, you may submit your **quotation** on or before **TUESSDAY, 24 NOVEMBER 2020 STRICTLY NOT LATER THAN 5:00 PM** thru the following email address:

- [erika.guycoa@pitc.gov.ph](mailto:erika.guycoa@pitc.gov.ph)
- [erika.guycoa@pitc1973.onmicrosoft.com](mailto:erika.guycoa@pitc1973.onmicrosoft.com)
- [jinky.apolinar@pitc.gov.ph](mailto:jinky.apolinar@pitc.gov.ph)
- [jinky.apolinar@pitc1973.onmicrosoft.com](mailto:jinky.apolinar@pitc1973.onmicrosoft.com)

**Note: Maximum size of email with attachment is six (6) MB only. You may email your quotation in parts if your attachment is more than six (6) MB.**

Thank you.



  
**CHRISTABELLE P. EBRIEGA**  
Vice President  
Government Procurement Group

After having carefully read and accepted the Terms and Conditions,  
I/we submit our quotation for the Supply and Delivery of One (1) Lot Brand New Electrocautery  
Machine and Surgical Smoke Evacuation for the University of the Philippines (Manila) -  
Philippine General Hospital (UPM-PGH)

\_\_\_\_\_  
Name of Company (in print)

\_\_\_\_\_  
Signature of Company Authorized Representative

\_\_\_\_\_  
Name & Designation of Company Authorized Representative (in print)

\_\_\_\_\_  
Contact Details (Tel. No., Fax No. & Email Address)

\_\_\_\_\_  
Date



**PLEASE USE THIS BID FORM. DO NOT RETYPE OR ALTER.**

Annex I (Page 1 of 7)

**PHILIPPINE INTERNATIONAL TRADING CORPORATION  
TECHNICAL QUOTATION FORM**

**SUPPLY AND DELIVERY OF ONE (1) LOT BRAND NEW ELECTROCAUTERY MACHINE AND SURGICAL SMOKE EVACUATION FOR THE UNIVERSITY OF THE PHILIPPINES (MANILA) - PHILIPPINE GENERAL HOSPITAL (UPM-PGH)  
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**INSTRUCTIONS TO THE SUPPLIER:** Indicate "COMPLY" if Supplier's Statement of Compliance meets the technical specifications as indicated. Do not leave any blank. A "YES" or "NO" entry will not be accepted. Failure to comply will result to rejection of the Supplier's proposal.

Line No.	PROJECT REQUIREMENTS	Supplier's Statement of Compliance
1)	One (1) Lot consisting of the following items:	
	A. Electrocautery Machine (12 units)	
	B. Surgical Smoke Evacuator (3 units)	
Line No.	TECHNICAL SPECIFICATIONS	Supplier's Statement of Compliance

**A. TWELVE (12) UNITS BRAND NEW ELECTROCAUTERY MACHINE**

1.	Output Configuration: Isolated output	
2.	Display: At least 6.2-inch LCD touchscreen	
3.	Enclosure: Magnesium	
4.	Equipment Class: Class I Equipment, Type CF	
5.	Mounting: Mounted on a metal trolley with lockable caster wheels.	
6.	Duty Cycle: Must be capable of operating at 25% duty cycle (10 seconds active and 30 seconds inactive in any mode for a period of 4 hours).	
7.	Digital slider for output power adjustment with plus & minus buttons for single watt step.	
8.	Must have different tones for the following settings: Cut, Coag, Bipolar and Shared Coag	
9.	Must have at least seven (7) monopolar currents with the following settings:	
	a. For monopolar cut, the following settings must be available:	
	• Pure	
	• Blend	
	b. For monopolar coagulation the following settings must be available:	
	• Soft	
	• Fulgurate	
	• Shared fulgurate	
	• Spray	
	• Shared spray	

I/We, the undersigned Manufacturer/Supplier, having examined the Technical Documents for this project hereby OFFER to (supply/deliver/perform) the herein described items.

I/We undertake, if our proposal is accepted, to deliver the items in accordance with the terms and conditions contained in the Request for Quotation. Until a formal Contract is prepared and signed, this proposal is binding on us.

\_\_\_\_\_  
Name of Company (in print)

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Signature of Company Authorized Representative

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Line No.	TECHNICAL SPECIFICATIONS	Supplier's Statement of Compliance
10.	Must have at least six (6) Bipolar current settings. The following settings must be available: a. Precise b. Standard c. Macro d. Low e. Medium f. High	
11.	Must have at least recall program from the last shutdown for power settings.	
12.	Must have Auto-bipolar function and Ammeter reading	
13.	Must have combinations of monopolar hemostasis and dissection with power efficiency rating of at least 98%.	
14.	Must have a neutral electrode alarm that is activated in case contact with patient is broken for maximum safety.	
15.	Automatic adjustment controls on all modes and effects. As tissue resistance increases from zero, the energy platform outputs constant current, followed by constant power, followed by constant voltage. The maximum output voltage is controlled to reduce capacitive coupling and video interference and to minimize sparking.	
16.	With HF leakage monitoring that automatically reduces the power output to meet safe values, reducing the potential risk of burns	
17.	Read tissue changes at least 434,000 times per second and adjust to tissue changes at least 434,000 times per second	
18.	Must have at least one (1) bipolar output plug and at least two (2) monopolar	
19.	Must be capable of two (2) simultaneous monopolar coagulation	
20.	Must have technology that insulates the system from interference from other electrical equipment.	

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Line No.	TECHNICAL SPECIFICATIONS	Supplier's Statement of Compliance
21.	Must be capable of two (2) simultaneous monopolar coagulation (one hand control and one foot control)	
22.	Return pads must NOT be proprietary and the machine must be compatible with all return pads currently available in the Philippine market.	
23.	Must be supplied with two (2) twin foot pedals: One (1) for monopolar (CUT and COAG) and one (1) for independent bipolar only use. Should be splash proof and with low voltage, safe medical grade design.	
24.	Software upgradeable, Wi-Fi ready	
25.	Power Supply:	
	a. Auto-Voltage: 110 - 220 Volts	
	b. Automatic Voltage Regulator must be provided	
	Accessories for Electrocautery Machine per unit:	
1.	One (1) unit trolley with brakes compatible with the electrocautery machine	
2.	One (1) unit Monopolar adaptor	
3.	One (1) pc Monopolar cable for minimally invasive applications	
4.	One (1) unit Monopolar foot pedal	
5.	One (1) Bipolar set which include bipolar foot pedal, bipolar cable and two (2) bipolar forceps	
	Consumables for Electrocautery Machine per unit:	
1.	At least Fifteen (15) monopolar pencils / unit	
2.	At least Fifteen (15) disposable return pads / unit	

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Line No.	TECHNICAL SPECIFICATIONS	Supplier's Statement of Compliance
<b>B. THREE (3) UNITS SURGICAL SMOKE EVACUATOR</b>		
1.	Dimensions:	
	a. Width – 14 in or less	
	b. Depth – 8.75 in or less	
	c. Height – 8 in or less	
	d. Weight – 20 lbs or less	
2.	Display Standby System status indicator – LED	
3.	With filter life indicator, illuminates 5 hours of remaining time	
4.	Up to Six (6) Level of Air Flow	
5.	Maximum flow rate: at least 44 cfm	
6.	Noise level: 57.0 dB at turbo (44 cfm)	
7.	With 3 ports hose located in front panel that accommodates the most common tubing sizes:	
	a. ¼ inch for laparoscopic cases	
	b. 3/8 inch for smoke pencils and adapters	
	c. 7/8 inch for open cases	
8.	With RFID (radiofrequency identification) technology to track filter life use, history and filter ID information	
9.	With integrated 4-stage of ultra-low particulate air (ULPA) filtration up to 0.12 microns	
10.	With filter efficiency rate of 99.99%	
11.	Up to 25 hours filter life after activation.	

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Line No.	TECHNICAL SPECIFICATIONS	Supplier's Statement of Compliance
	Accessories for the Surgical Smoke Evacuator (Per Unit):	
1.	1500 watts Automatic Voltage Regulator (Third Party)	
2.	One (1) unit footswitch	
3.	One (1) unit Interlink cable (communicable cable)	
	Consumables for Surgical Smoke Evacuator (Per Unit):	
1.	At least 2 ULPA filters	
2.	Five (5) pcs sterile laparoscopic tubing with valve (1/4 x 10-inch tubing size)	
3.	Five (5) pcs 3/8 x 10-inch sterile tubing size	
4.	Five (5) pcs 7/8 x 10-inch sterile tubing size	
5.	Five (5) pcs electrocautery pencils with suction tubing	

ITEM DESCRIPTION	Please Indicate the Brand and Model Number being offered:
ELECTROCAUTERY MACHINE	
SURGICAL SMOKE EVACUATOR	

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Line No.	OTHER REQUIREMENTS	Supplier's Statement of Compliance			
1)	Supplier must have supplied the same brand of equipment being offered to at least three (3) Tertiary Hospitals in Metro Manila.				
	Please list down the name and contact details of three (3) Tertiary hospitals, including the S.I. No issued to them:				
	<b>Name &amp; Address</b>		<b>Contact Numbers</b>	<b>E-mail Address</b>	<b>Sales Invoice (S.I.) No. Issued</b>
	1.				
	2.				
2)	The manufacturer of the item being offered must have a valid and current ISO Certification.				
	Please specify the details of the ISO Certificate:				
	<b>Name of Third-party Issuing Agency</b>		<b>ISO Number</b>	<b>Validity Period</b>	
3)	The manufacturer of the item being offered must have existing branch office, sales office and/ or distributor's office in the following areas:				
	a. Any country in Western Europe				
	b. US/ Canada				
	c. Japan				
4)	Bidder's must have valid and current License to Operate (LTO) as a Medical Device Importer / Distributor issued by the Philippine Food and Drug Administration (PFDA). Provided, that the application for renewal was made timely as per PFDA Circular No. 2011-004				
	In case of expired LTO, the following copies shall be submitted: (i) Expired LTO (ii) Application for renewal; and Official Receipt as proof of payment of renewal of LTO				
5)	Bidder warrants that it has Service Center/s for the items being offered within Metro Manila.				
6)	Bidder certifies that at least one (1) service engineer is available locally to provide quick on-site support.				

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Line No.	REQUIREMENTS IF AWARDED THE CONTRACT	Supplier's Statement of Compliance
1)	<b>Delivery Period:</b> <b>For Item No. 1:</b> Within Fifteen (15) calendar days after receipt of Notice to Proceed. <b>For Item No. 2:</b> Within Ninety (90) calendar days after receipt of Notice to Proceed.	
2)	<b>Delivery Place:</b> Equipment Section, Property and Supply Division, Philippine General Hospital, Taft Avenue, Manila	
3)	<b>Delivery Conditions:</b> <ul style="list-style-type: none"> <li>• All deliveries must be done in the presence of Inspection Team consisting of one (1) PITC representative and one (1) authorized representative of the UPM-PGH</li> <li>• During delivery, the Supplier shall be responsible in unloading the items from the container/truck to the designated delivery center. In the absence of materials handling equipment at the site, the Supplier at his expense shall provide the necessary equipment such as but not limited to: forklifts, hand pallet truck, etc.</li> <li>• All costs during the delivery, handling, including transportation and other related expenses shall be borne by the Supplier.</li> </ul>	
4)	<b>Acceptance Parameters:</b> Must be used successfully on at least two (2) patients without technical problems.	
5)	<b>Warranty period/ Coverage of Warranty:</b> <ul style="list-style-type: none"> <li>• At least One (1) year on parts and Two (2) years on service on the Electrocautery and Smoke Evacuator.</li> <li>• Free preventive maintenance during the warranty period.</li> <li>• Warranty shall commence from the date of acceptance by the end user after installation, testing and commissioning.</li> </ul>	
6)	<b>Manuals:</b> Bidder must provide original and hard copy of Operator's Manual in English Language upon delivery.	

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**RFQ Reference No. GPG-EP-2020-055**

**OMNIBUS SWORN STATEMENTS**

REPUBLIC OF THE PHILIPPINES )  
CITY/MUNICIPALITY OF \_\_\_\_\_ ) SS.

**AFFIDAVIT**

I/We, \_\_\_\_\_, of legal age, <civil status>, <nationality> with residence at \_\_\_\_\_, after having been duly sworn to in accordance with law do hereby certify under oath as follows:

**(a)**  
**AUTHORITY OF THE DESIGNATED REPRESENTATIVE**  
*(Please check appropriate box and fill up blanks)*

**Sole Proprietor**  
That I am the sole proprietor of <company name/name of supplier> with business address at \_\_\_\_\_; Telephone No. \_\_\_\_\_, with Fax No. \_\_\_\_\_ and e-mail address \_\_\_\_\_ and as such, I have the full power and authority to do, execute and perform any and all acts necessary to represent it in the bidding.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Specimen Signature: \_\_\_\_\_

**- OR -**

That I am the duly authorized representative of the owner/sole proprietor of <company name/name of supplier> with business address at \_\_\_\_\_; Telephone No. \_\_\_\_\_, with Fax No. \_\_\_\_\_ and e-mail address \_\_\_\_\_ as shown in the attached Special Power of Attorney, and granted full power and authority to do, execute and perform any and all acts necessary to represent it in the bidding.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Specimen Signature: \_\_\_\_\_

**Note: Please attach a Special Power of Attorney, if not the Sole Proprietor/Owner.**



**Corporation, Partnership, Cooperative**

That I/we am/are the duly authorized representative/s of <company name>, located at \_\_\_\_\_, with Telephone No. \_\_\_\_\_; Fax No. \_\_\_\_\_ and e-mail address, \_\_\_\_\_, as shown in the attached Secretary's Certificate issued by the corporation or the members of the joint venture, and granted full power and authority to execute and perform any and all acts necessary and/or to represent our company in the abovementioned bidding, including signing all bidding documents and other related documents such as the contracts:

1) Name: \_\_\_\_\_ 2) Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_  
Specimen Signature: \_\_\_\_\_ Specimen Signature: \_\_\_\_\_

**Note: Please attach duly executed Secretary's Certificate.**

**(b)**  
**NON-INCLUSION IN THE BLACKLIST NOR UNDER SUSPENSION STATUS BY ANY AGENCY OR GOVERNMENT INSTRUMENTALITY**

That the firm I/We represent is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, Foreign Government/Foreign or International Financing Institution whose blacklisting rules been recognized by the Government Procurement Policy Board;

**(c)**  
**AUTHENTICITY OF SUBMITTED DOCUMENTS**

That each of the documents submitted by our company in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct.

**(d)**  
**AUTHORITY TO VALIDATE SUBMITTED DOCUMENTS**

The undersigned duly authorized representative of the Applicant, for and in behalf of the Applicant, hereby submits this Letter of Authorization in relation with Application to apply for Eligibility and to Bid for the subject contract to be bid.

In connection therat, all public official, engineer, architect, surety company, bank institution or other person, company or corporation named in the eligibility documents and statements are hereby requested and authorized to furnish the Chairman, PITC Bids & Awards Committee I or her duly authorized representative/s any information necessary to verify the correctness and authenticity of any item stated in the said documents and statements or regarding our competence and general reputation.

I/We hereby give consent and give authority to the Chairman of **PITC Bids and Awards Committee I** or her duly authorized representative, to verify the authenticity and correctness, of any or all of the documents and statements submitted herein; and that I/we hereby hold myself liable, criminally or civilly, for any misrepresentation or false statements made therein which shall be ground for outright disqualification and/or ineligibility, and inclusion of my/our company among the contractors blacklisted from participating in future biddings of **Philippine International Trading Corporation**.



(e)  
**DISCLOSURE OF RELATIONS**

That for and in behalf of the Bidder, I/We hereby declare that the sole proprietor or proprietress/ all officers and members of the partnership or cooperative/ all officers, directors, and controlling stockholders of the corporation/ all partners and members of the Joint Venture are not related by consanguinity or affinity up to the third civil degree with the **Head of the Procuring Entity**, members of the **Board of Directors**, the **President**, **Officers** or **Employees** having direct access to information that may substantially affect the result of the bidding such as, but not limited to, the **members of the PITC BAC**, the **members of the TWG of PITC**, the **PITC BAC Secretariat**, the **head of the end-user unit**, and the **project consultants**. It is fully understood that the existence of the aforesaid relation by consanguinity or affinity of the Bidder with the aforementioned Officers of the Corporation shall automatically disqualify the Bid.

(f)  
**COMPLIANCE WITH EXISTING LABOR LAWS AND STANDARDS**

That our company diligently abides and complies with existing labor laws and standards.

(g)  
**BIDDER'S RESPONSIBILITIES**

- a) That I/we have taken steps to carefully examine all of the bidding documents;
- b) That I/we acknowledge all conditions, local or otherwise affecting the implementation of the contract;
- c) That I/we made an estimate of the facilities available and needed for the contract to be bid, if any;
- d) That I/we will inquire or secure Supplemental /Bid Bulletins issued for this project;
- e) That the submission of all bidding requirements shall be regarded as acceptance of all conditions of bidding and all requirements of authorities responsible for certifying compliance of the contract;
- f) That I have complied with our responsibility as provided for in the bidding documents and all Supplemental /Bid Bulletins;
- g) That failure to observe any of the above responsibilities shall be at my own risk and
- h) That I agree to be bound by the terms and conditions stated in the Conditions of the Contract for this project.

(h)  
**DID NOT PAY ANY FORM OF CONSIDERATION**

That our company did not give or pay directly or indirectly any commission, amount, fee or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 2020 at \_\_\_\_\_, Philippines.

\_\_\_\_\_  
**Bidder's Authorized Representative  
Signature over Printed Name**



**Annex II (Page 4 of 4)**

**SUBSCRIBED AND SWORN TO BEFORE ME** this \_\_\_\_\_ day of \_\_\_\_\_  
at \_\_\_\_\_, Philippines. Affiant exhibited to me his/her competent Evidence of  
Identity (as defined by the 2004 Rules on Notarial Practice) \_\_\_\_\_ issued  
\_\_\_\_\_ at \_\_\_\_\_, Philippines.

Doc. No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of 2020 \_\_\_\_\_



**PLEASE USE THIS BID FORM. DO NOT RETYPE OR ALTER.**

Annex III

**PHILIPPINE INTERNATIONAL TRADING CORPORATION**  
**FINANCIAL QUOTATION FORM**  
**SUPPLY AND DELIVERY OF ONE (1) LOT BRAND NEW ELECTROCAUTERY MACHINE AND**  
**SURGICAL SMOKE EVACUATION FOR THE UNIVERSITY OF THE PHILIPPINES (MANILA) -**  
**PHILIPPINE GENERAL HOSPITAL (UPM-PGH)**  
**RFQ Reference No. GPG-EP-2020-055**  
**EMERGENCY PROCUREMENT**  
**PRICE MUST BE INCLUSIVE OF VAT**

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**NOTE: Supplier's price proposal/quotation must not exceed the ABC/Ceiling Price per item. The Supplier shall shoulder all transportation costs and bears all risk until the goods have been delivered to the site.**

Item No.	Description	ABC (P) (VAT Inclusive)			Supplier's Price Proposal (P)	
		Quantity	Unit ABC	Total ABC	Unit Price	Total Price
<b>One (1) Lot consisting of the following:</b>						
1.	Electrocautery Machine	12 units	750,000.00	9,000,000.00		
2.	Surgical Smoke Evacuator	3 units	500,000.00	1,500,000.00		
<b>TOTAL:</b>				<b>10,500,000.00</b>		

**TOTAL PRICE (Amount in Words):**

**Note:**

- I. Price must be valid for One Hundred Twenty (120) days upon submission of quotation;
- II. The Supplier shall shoulder all transportation costs and bears all risk until the goods have been delivered to the site. If delivery is outside Metro Manila, all expenses (airfare, hotel accommodation, per diem, etc.) relative to delivery shall be borne by the Supplier.
- III. Payment to Supplier of the Contract Price, net of applicable withholding tax shall be made within fifteen (15) days after full delivery, and submission of the required documents as follows:
  1. Original and duplicate **BIR VAT registered Supplier's Invoice** issued under the name of the UPM-PGH indicating UPM-PGH TIN: 000-864-006-018. Entries must be typewritten, or computer printed and must be duly acknowledged and received by UPM-PGH's authorized representative;
  2. **Original and duplicate Delivery Receipt** issued under the name of the UPM-PGH duly acknowledged and received by UPM-PGH's authorized representative and countersigned by PITC QAIT representative; and
  3. Original Joint Certificate of Acceptance issued by authorized representatives of UPM-PGH and PITC.
  4. Beneficiary Certificate issued by UPM-PGH that the following documents were submitted/complied by the supplier:
    - a) Undertaking to provide product orientation for end users;
    - b) Quotation of the Annual Preventive Maintenance Cost after the warranty period expires
    - c) Certification from at least three (3) Tertiary Hospitals in the Philippines that they have been supplied the same brand of equipment being offered by the supplier. Sales Invoice from at least three (3) tertiary hospitals in Metro Manila may also be presented in lieu of the Hospital Certification;
    - d) Valid & current ISO Certificate in the name of the manufacturer;
    - e) Valid & current License to Operate (LTO) issued by Philippine Food and Drug Administration (PFDA);
    - f) List of Authorized Service Center/s in Metro Manila (with available spare parts, indicating address, telephone & fax numbers, email address and contact person);
    - g) Certification by the Supplier that at least one (1) service engineer is available locally to provide quick on-site support
  5. As one of documentary requirements for payment (as applicable), submit certified true copies of pertinent tax receipts and duties paid on the imported parts/equipment pursuant to COA Memo No. 90-684 dated Dec. 5, 1990/Administrative Order No. 200 dated November 20, 1990. For locally purchased materials, the BIR registered sales invoice of the seller is acceptable.

**SUPPLIER'S UNDERTAKING**

I/We, the undersigned Manufacturer/Supplier, having examined the Technical Documents for this project hereby OFFER to (supply/deliver/perform) the herein described items.  
 I/We undertake, if our proposal is accepted, to deliver the items in accordance with the terms and conditions contained in the Request for Quotation. Until a formal Contract is prepared and signed, this proposal is binding on us.

\_\_\_\_\_  
Name of Company (in print)

\_\_\_\_\_  
Signature of Company Authorized Representative

\_\_\_\_\_  
Name & Designation (in print)

\_\_\_\_\_  
Date