



Republic of the Philippines
 Department of Health
 Central Visayas Center for Health Development
DON EMILIO DEL VALLE MEMORIAL HOSPITAL
 Bood, Ubay, Bohol

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“PHILHEALTH ACCREDITED HEALTHCARE PROVIDER”



Bid Form for the Procurement of Goods

BID FORM

Supply and Delivery of Medical Grade and Portable Oxygen

Date: _____

Project Identification No.: _____

To: DON EMILIO DEL VALLE MEMORIAL HOSPITAL
 Bood, Ubay, Bohol

Having examined the Philippine Bidding Documents (PBDs) including the Supplemental or Bid Bulletin Numbers *[insert numbers]*, the receipt of which is hereby duly acknowledged, we, the undersigned, offer to *[supply/deliver/perform]* *Supply and Delivery of Medical Grade and Portable Oxygen*;

Item No.	Description/General Specification	Brand/Manufacturer / Source	No. of tests or quantity per kit/bot/box/vol	Unit	Quantity	Unit Price	Total
1	OXYGEN, MEDICAL GRADE, 1800L CAPACITY			Cylinder	10,000		
2	OXYGEN, MEDICAL GRADE PORTABLE, 1800L CAPACITY			Cylinder	1,000		

Grand Total _____

in conformity with the said PBDs for the sum of *[total Bid amount in words and figures]* or the total calculated bid price, as evaluated and corrected for computational errors, and other bid

Printed Name and Signature of Proprietor/Manager/Authorized Representative

modifications in accordance with the Price Schedules attached herewith and made part of this Bid. The total bid price includes the cost of all taxes, such as, but not limited to: *[specify the applicable taxes, e.g. (i) value added tax (VAT), (ii) income tax, (iii) local taxes, and (iv) other fiscal levies and duties]*, which are itemized herein or in the Price Schedules,

If our Bid is accepted, we undertake:

- a. to deliver the goods in accordance with the delivery schedule specified in the Schedule of Requirements of the Philippine Bidding Documents (PBDs);
- b. to provide a performance security in the form, amounts, and within the times prescribed in the PBDs;
- c. to abide by the Bid Validity Period specified in the PBDs and it shall remain binding upon us at any time before the expiration of that period.

[Insert this paragraph if Foreign-Assisted Project with the Development Partner:

Commissions or gratuities, if any, paid or to be paid by us to agents relating to this Bid, and to contract execution if we are awarded the contract, are listed below:

Name and address Amount and Purpose of
of agent Currency Commission or gratuity

(if none, state "None")]

Until a formal Contract is prepared and executed, this Bid, together with your written acceptance thereof and your Notice of Award, shall be binding upon us.

We understand that you are not bound to accept the Lowest Calculated Bid or any Bid you may receive.

We certify/confirm that we comply with the eligibility requirements pursuant to the PBDs.

The undersigned is authorized to submit the bid on behalf of *[name of the bidder]* as evidenced by the attached *[state the written authority]*.

We acknowledge that failure to sign each and every page of this Bid Form, including the attached Schedule of Prices, shall be a ground for the rejection of our bid.

Name: _____

Legal capacity: _____

Signature: _____

Duly authorized to sign the Bid for and behalf of: _____

Date: _____

Printed Name and Signature of Proprietor/Manager/Authorized Representative