

## **REQUEST FOR QUOTATION**

**PR NO. 25-09-1481**

**October 21, 2025**

The **Valenzuela Medical Center (VMC)** through its **Bids and Awards Committee (BAC)** intends to procure the **"SUPPLY AND DELIVERY OF TWO (2) UNITS WHEELCHAIR"** for the **Pediatrics** in accordance with Section 34.1 (Small Value Procurement) of the Implementing Rules and regulations of the Republic Act No. 12009.

Please send your **price offer** for the items listed below duly signed by you or your authorized representative not later than **October 24, 2025 10:00am**. The VMC-BAC, reserves the right to accept, reject & waive defects in the canvass.

| ITEM NO. | UNIT | ITEM DESCRIPTION  | QTY. | UNIT COST | TOTAL COST |
|----------|------|---|------|-----------|------------|
| 1        | unit | <b>WHEELCHAIR</b>   | 2    | 9,466.67  | 18,933.34  |
|          |      | I. Equipment Specification:   |      |           |            |
|          |      | Chrome plated steel frame finish or Stainless steel frame finish                      |      |           |            |
|          |      | Steady backrest   |      |           |            |
|          |      | Padded and fixed armrest, leg support   |      |           |            |
|          |      | 8" PVC front 360° swivel caster (2 pcs), 24" rear wheels                              |      |           |            |
|          |      | Two push to lock wheel breaks   |      |           |            |
|          |      | Leatherette   |      |           |            |
|          |      | Upholstery with back pocket   |      |           |            |
|          |      | Foldable footrest   |      |           |            |
|          |      | Heavy duty four prongs IV holder  |      |           |            |
|          |      | Load Capacity: min. 100 kgs   |      |           |            |
|          |      | Wide: min. 19 inches seat width   |      |           |            |
|          |      | II. Technical Specification:  |      |           |            |
|          |      | <i>*Certificates that need to be presented during Post-Qualification</i>              |      |           |            |
|          |      | a. General Requirements   |      |           |            |
|          |      | Manufacturer's Certificate Brand must be in the local market for at least 5 years     |      |           |            |
|          |      | Certification that there is established Service Center in Metro Manila or Philippines |      |           |            |
|          |      | <i>*Certificates to be submitted upon Delivery</i>                                    |      |           |            |

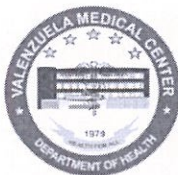
*"PHIC Accredited Healthcare Provider"*

*"Valenzuela Medical Center...Where your health matters most"*



Address: **Padrigal St., Karuhatan, Valenzuela City, 1441**  
Telephone Nos: **8294-6711 to 17**  
Director's Office Direct Line: **8291-4259**  
Email Address: **valgen\_hosp@yahoo.com**  
Website: **<https://vmc.doh.gov.ph/>**





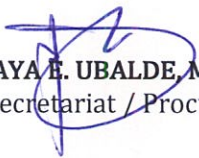
Republic of the Philippines  
Department of Health  
Metro Manila Center for Health Development  
**VALENZUELA MEDICAL CENTER**



|  |  |  |                    |                  |  |
|--|--|--|--------------------|------------------|--|
|  |  | Certificate of Comprehensive Warranty which states the following clause  |                    |                  |  |
|  |  | a. The period of warranty shall be deemed to be fully comprehensive  |                    |                  |  |
|  |  | b. All inclusive of warranty, labor, spare parts, accessories, service consumables   |                    |                  |  |
|  |  | b. Warranty and Preventive Maintenance Services:   |                    |                  |  |
|  |  | One (1) year comprehensive warranty on parts and services for equipment  |                    |                  |  |
|  |  | Certificate of availability of spare parts within five (5) years   |                    |                  |  |
|  |  | III. Installation, Acceptance, Testing and Commissioning   |                    |                  |  |
|  |  | *Procedures to be performed upon Delivery  |                    |                  |  |
|  |  | Acceptance, Testing & Commissioning of Equipment   |                    |                  |  |
|  |  | The unit to be delivered must show proof that its manufacturing date is not later than CY 2024 onwards                               |                    |                  |  |
|  |  | Provide two (2) sets of colored Technical Manual, Hardcopy and Softcopy (Flashdrive) in English Manual                               |                    |                  |  |
|  |  | a. User's Operational Manual<br>b. Quality and Maintenance Manual (if applicable)<br>c. Service and Technical Manual (if applicable) |                    |                  |  |
|  |  | V. Other Terms & Condition:  |                    |                  |  |
|  |  | Preferably with green eco-products specification (made of recyclable and non-toxic materials, sustainability, etc.)                  |                    |                  |  |
|  |  |  | <b>GRAND TOTAL</b> | <b>18,933.34</b> |  |

Copies of the following documentary requirements such as **Certificate of Registration from BIR, Securities and Exchange Commission (SEC), Department of Trade and Industry (DTI) registration, Business/Mayor's Permit with O.R. renewal, Valid Philgeps Certificate, Updated Tax Clearance Certificate, and Notarized Hard Copy of Omnibus Sworn Statement** are also required to be submitted along with your quotation/proposal.

Proposal may be submitted manually at the BAC Secretariat, Procurement Office, Valenzuela Medical Center, Padrigal St., Karuhatan, Valenzuela City or through email at [vmc\\_bac@yahoo.com](mailto:vmc_bac@yahoo.com). For any clarification, you may call **Ms. Christallyne Castro** at telephone no. **8294-46-25** or via email at [vmc.bac2025@gmail.com](mailto:vmc.bac2025@gmail.com).

  
**LIGAYA E. UBALDE, MPA**  
Head, BAC Secretariat / Procurement

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