



REQUEST FOR QUOTATION
PR NO. 25-07-1001

The **Valenzuela Medical Center (VMC)** through its **Bids and Awards Committee (BAC)** intends to procure the **"SUPPLY AND DELIVERY OF TWENTY-FIVE (25) UNITS OF HEAVY-DUTY RECLINING WHEELCHAIR"** for the **Emergency Department** in accordance with Section 34.1 (Small Value Procurement) of the Implementing Rules and Regulations of Republic Act No. 12009.

Please send your **price offer** for the items listed below duly signed by you or your duly authorized representative not later than **July 25, 2025 at 10:00 a.m.** The BAC reserves the right to accept, reject & waive defects in the canvass.

ITEM NO.	QTY	UOM	ITEM DESCRIPTION	UNIT COST	TOTAL COST
1	25	unit	HEAVY-DUTY RECLINING WHEELCHAIR	24,750.00	618,750.00
			Features:		
			· Reclining Backrest – 90-180°		
			· Extended Head Rest		
			· Fully Detachable Armrest		
			· Fully Detachable / Adjustable		
			Elevating Footrest with leg pads for leg support		
			· Adjustable Strap Seatbelt		
			· Reinforced Leatherette Upholstery		
			· Chrome Plated steel frame		
			· Foldable for easy storage		
			· Adjustable Leg Support		
			Specifications:		
			Seat width – 460-610mm		
			Seat Height – 400-510mm		
			Height from Floor to Seat – 500-530mm		
			Max Load Weight: 120-150kgs		
			Net Weight – 18 – 35kgs		
			Frame - Steel		
			Cross Bar - Steel cross bar		
			Upholstery - Blue / Black		
			Armrest - Steel		
			Armrest Pad - Blue / Black		
			Side Panel - Steel		
			Leg rest - Elevating Leg rest		
			Front castor - 8" Solid castor		
			Front Fork - Steel		
			Rear Wheel - 24" Wheels (Preferably Mags)		
			Warranty - minimum of 7 days replacement 1 year on parts and service.		
			NOTE: ITEM WILL BE SUBJECT FOR EVALUATION		
			TOTAL		618,750.00

Copies of the following documentary requirements such as **Certificate of Registration from BIR, Securities & Exchange Commission (SEC)/Department of Trade & Industry (DTI) Registration, Business/Mayor's Permit with O.R. renewal, Platinum PhilGEPS Certificate, Tax Clearance Certificate, Certificate from the manufacturer to distribute their products or Exclusive Distributorship or any**

"PHIC Accredited Healthcare Provider"
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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



equivalent document (if applicable), Original Hard copy of Notarized Omnibus Sworn Statement and Brochure/Data Sheet are also required to be submitted together with your quotation/proposal.

Proposal may be submitted manually to the BAC Secretariat, Procurement Office, Valenzuela Medical Center, Padrigal St., Karuhatan, Valenzuela City or through email at vmc_bac@yahoo.com. For any clarification, you may call **Ms. Kristine Manuel** at telephone no. **8294-46-25** or via email at vmc_bac@yahoo.com.

MS. LIGAYA E. UBALDE, MPA
Head, Procurement Section/BAC Secretariat

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