RFP NO. 20261002

REQUEST FOR PROPOSAL FOR THE SUPPLY, DELIVERY, INSTALLATION AND COMMISSIONING OF BLOOD VOLUME MONITOR

PRICE SCHEDULE

No.	Description	Estimated Quantity Required	UOM	Unit Price with 5 years warranty including yearly preventive maintenance + Yearly Calibration (exclusive of GST)	HSA Registration Class A/B/C/D and Number (if any)	Leadtime upon issue of purchase order (working days)
1.1	Supply, Installation & commissioning of **Blood Volume Monitor**. Please refer to "Requirement Specification ", **Annex A** for details of Blood Volume Monitor specifications and **Annex B** for the location list	1 to 25	Unit			
		26 to 50	Unit			

No.	Description	Brand	Model	Manufacturer	Country of Manufacture	Year of Manufacture
1.2	Supply, Installation & commissioning of **Blood Volume Monitor**. Please refer to "Requirement Specification ", **Annex A** for details of Blood Volume Monitor specifications and **Annex B** for the location list					

Signatory's name: _____ Signatory's Title: _____

Vendor's name: _____ Vendor's stamp: _____

Authorised Signature: _____ Date: _____

Price list for Common Accessories, Spare Parts and Components – Blood Volume Monitor

S/N	Item Description	Part Number	Country of Origin	Unit Price (exclusive of GST)	Delivery leadtime upon purchase order issued (working days)	HSA Registration Class A/B/C/D And Number (If any)
1	Back up battery					
2						

- Number of engineers dedicated to support technical services during warranty period: _____
- Manufacture's guideline on replacement of backup battery set per machine: _____

Signatory's name: _____ Signatory's Title: _____

Vendor's name: _____ Vendor's stamp: _____

Authorised Signature: _____ Date: _____

Price of Consumables for Blood Volume Monitor

S/N	Item Description	UOM	Unit Price (exclusive of GST)	Part Number	Packaging	HSA Registration Class A/B/C/D And Number (If any)
1						
2						

*** Contract Period: 17 months + 3 years option to extend at the same price, terms and conditions.**

Signatory's name: _____ Signatory's Title: _____

Vendor's name: _____ Vendor's stamp: _____

Authorised Signature: _____ Date: _____