



REQUEST FOR QUOTATION
SMALL VALUE PROCUREMENT
(SECTION 53.9)

Date : November 24, 2020
 PR No. : GF-20-10-01803

Name of Company : _____
 Address : _____
 Contact No. : _____
 Project Title : **PROCUREMENT OF SEROLOGIC SCREENING TEST KITS**
 Approved budget of the Contract : **Php 883,600.00**
 End-User / Implementing Office : **QUEZON CITY GENERAL HOSPITAL**

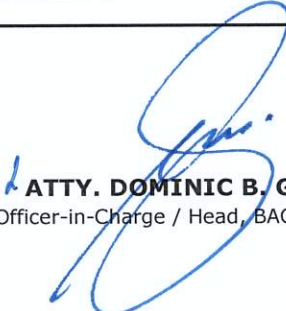
Please quote your best offer for the item/s described below, subject to the Terms and Conditions provided. Submit your quotation duly signed by you or your duly authorized representative not later than November 27, 2020, 10:00 AM Philippine Standard Time, together with the following documents of your company:

- 1 PhilGEPS certificate (not expired on the time of opening of quotations);
- 2 Business Registration (DTI/SEC)
- 3 Mayor's/Business Permit (2020);
- 4 Tax Clearance; and
- 5 Omnibus Sworn Statement prescribed by **QC BAC – Goods and Services**
- 6 Income/Business Tax Return (for FY 2019) (For ABC P500,000.00 above)
- 7 If applicable, the JVA in case the joint venture is already in existence, or duly notarized statements from all the potential joint venture partners stating that they will enter into and abide by the provisions of the JVA in the instance that the bid is successful.

in a **SEALED LONG BROWN ENVELOPE** shall:

- 1 Contain the Project Name and PR Number of the contract to be bid in capital letters;
- 2 Bear the name and address of the Bidder in capital letters;
- 3 Be addressed to the Procuring Entity's BAC.

<p>Project Title : <u>PROCUREMENT OF SEROLOGIC SCREENING TEST KITS</u> Quezon City Local Government BIDS AND AWARDS COMMITTEE 2/F Procurement Department, Finance Building Quezon City Hall Compound For any clarification you may contact us at <u>89884242 loc. 8506/8709.</u></p>


ATTY. DOMINIC B. GARCIA
 Officer-in-Charge / Head, BAC Secretariat

TERMS AND CONDITIONS

1. Bidders shall **provide correct and accurate** information required in this form in black ink only.
2. Price quotation/s must be valid for a period of thirty (30) calendar days from the date of submission.
3. Price quotation/s, to be denominated in Philippine Peso shall include all taxes, duties and/or levies payable.
4. Quotation **exceeding** the Approved Budget for the Contract (ABC) shall be **rejected**.
5. Award of contract shall be made to the lowest quotation (for goods) or the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
6. Any interlineations, erasures or overwriting shall be valid only if they are signed or initiated by you or any of your duly authorized representative/s.
7. The City General Services Department (CGSD) shall have the right to inspect the goods.
8. Non-submission of eligibility documents shall mean disqualification of Quotation.
9. Liquidated damages equivalent to one tenth (1/10) of one percent (1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. CGSD shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.
10. Failure to follow these instructions will disqualify your entire quotation.

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s as follows:

ITEM NO.	ITEM & DESCRIPTION	UNIT OF ISSUE	QTY.	UNIT PRICE	ITEM TOTAL
SEROLOGIC SCREENING TEST KITS					
1	HIV RAPID TEST SD HIV 1/2 multi-device, 100 test/kit/box	box	46		
2	HEPATITIS B SURFACE Ag multi-device, 100 test/kit/box	box	28		
3	CD4 TEST CARTRIDGE COMPATIBLE WITH HOSPITAL OWNED MACHINE (ALERE PIMA)	cartridge	50		
4	CD4 PIMA BEAD CONTROL (ALERE PIMA)	set	2		
	TERMS OF REFERENCE: 1. Must have Certificate of Product Registry (CPR)				
Total Quoted Amount					

Amount in Words: _____

OTHER REQUIREMENTS:
Copy of valid, current License to Operate for Medical Supplies/Devices from DOH Accreditation as Supplier, Distributor or Manufacturer
Copy of current and valid Certificate of Product Registration (CPR) for the items.

Delivery Period : Thirty (30) Calendar Days
 Warranty : _____

 Signature over printed name

 Office Telephone No./Fax/Mobile No.

 Date

 E-mail Address