Republic of the Philippines
QUEZON CITY GOVERNMENT
BIDS AND AWARDS COMMITTEE
2nd Floor, Procurement Department,
Finance Building, Quezon City Hall Compound

QUEZON CITY
Great.Green.Growing.

REQUEST FOR QUOTATION

Shopping 52.1b

Date: NOVEMBER 9, 2021
PR No: BOA-21-SOP-669

Name of Company : _____
Address : _____
Contact No. : _____
Project Title : **PROCUREMENT OF FACE SHIELD AND OTHERS**
Approved Budget for the Contract : **Php 49,988.60**
End-User / Implementing Office : **BOARD OF ASSESSMENT APPEALS**

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 12, 2021, 10:00 A.M.** 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 (2021);
4. Tax Clearance;
5. Income/Business Tax Return (for FY 2020) (For ABCs above P500,000.00);
6. Omnibus Sworn Statement prescribed by the Government Procurement Policy Board (GPPB).
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.

Project Title: **PROCUREMENT OF FACE SHIELD AND OTHERS**
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 89884242 loc. 8505/8709.

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.
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 initialed 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
1	Alcohol 70% ethyl, with moisturizer, 500ml	btl	150		
2	Face shield, plastic, with eyeglasses	pc	45		
3	Face mask, disposable, 3ply, colored mask, 50's per box	box	100		
4	Gloves, disposable vinyl gloves, medium, non-sterile, powder free, latex free, medical examination gloves	pair	50		
5	Soap bar - hand soap 130g, anti-bacterial soap	pc	27		
				Total Quoted Amount	

Amount in Words: _____

Delivery Period : **Thirty (30) Calendar Days**

Warranty : _____

_____
Signature over printed name

_____
Office Telephone No./Fax/Mobile No.

_____
Date

_____
Email Address

BOA-21-SOP-669