



REQUEST FOR QUOTATION
SECTION 53.9
SMALL VALUE PROCUREMENT

DATE : MAY 2, 2022

PROJECT NO. : QCYDO-22-SOP-457

Name of Company : _____
Address : _____
Contact No. : _____
Project Title : PROCUREMENT OF ULTRASONIC HUMIDIFIER
Approved Budget of the Contract : P 32,500.00
End-User / Implementing Office : QUEZON CITY YOUTH DEVELOPMENT OFFICE

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 **MAY 6, 2022; 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 (2022);
- 4 Tax Clearance; and
- 5 Omnibus Sworn Statement prescribed by the **QC BAC- Goods and Services**
- 6 Income/Business Tax Return (for FY 2021) (For ABCs above P500,000.00)
- 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 ULTRASONIC HUMIDIFIER

**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 8-988-4242 loc. 8506/8709.


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 | ULTRASONIC HUMIDIFIER Rated voltage: 110V – 220V, Noise: > 38db, < 58db, Capacity: 13L, Evaporation amount: 1350ml/H for five mist heads/ 1500ml/H for one mist head, Rated power: 60W for five mist heads/ 70W for one mist head, Material: ABS, Net Weight: about 3.7kg/4kg, Suitable for disinfection of homes, automobiles, streets, gardens, schools, hospitals, office buildings and other places | set | 5 | | |
| TOTAL | | | | | |

Amount in Words: _____

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

Signature over printed name

Office Telephone No./Fax/Mobile No.

Date

Email Address

| |
|--|
| Other Requirements: |
| • Statement of Warranty – minimum of one (1) year |

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