

Republic of the Philippines QUEZON CITY GOVERNMENT

BAC – Goods and Services 2nd floor, Procurement Department, Finance Building, Quezon City Hall Compound



REQUEST FOR QUOTATION NEGOTIATED PROCUREMENT SECTION 53.9 – SMALL VALUE PROCUREMENT

| | | DATE : <u>SEPTEMBER 27, 2022</u> |
|---------------------------------|---|---|
| | | PROJECT NO. : HEALTH-22-OESC-892B |
| | | |
| Name of Company | : | |
| Address | : | |
| Contact No. | : | |
| | • | |
| Project Title | : | PROCUREMENT OF INK AND TONER CARTRIDGES |
| Approved Budget of the Contract | : | P 177,200.00 |
| End-User / | | OUEZON CITY HEALTH DEDARTMENT |
| Implementing Office | : | QUEZON CITY HEALTH DEPARTMENT |

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 **SEPTEMBER 30, 2022; 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 (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)
- 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 issued by QC BAC- Goods and Services.

(Sgd.) 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 | Ink for Epson Workforce Pro WF-C5790 Wi-Fi duplex Standard black - T948 Standard cyan - T948 Standard magenta - T948 Standard yellow - T948 | set | 25 | | |
| 2 | Toner for HP Laser MFP 137fnw: HP 107A black original laser toner cartridge | piece | 23 | | |
| | | | | | |

| Amount in Words: | | | |
|------------------|--|--|--|
| • | | | |

Other Requirements:

- 1. Certification from the distributor for the authenticity/ genuity of the consumables being offered.
- 2. Authority to sell from manufacturer/ authorized or exclusive distributor of the consumables being offered.

| Delivery Period Warranty | |
|--------------------------|-------------------------------------|
| | Signature over printed name |
| | Office Telephone No./Fax/Mobile No. |
| | Date |
| | Email Address |