

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 53.9, SMALL VALUE PROCUREMENT.

		DATE	:	MAY 23, 2023
		PROJECT NO.	:	PD-23-JS2-0917 /
Name of Company	:			
Address	i			
Contact No.	:			
Project Title	: PROCUREMENT OF FACE MASK AND	OTHERS >	-1	
Approved Budget of the Contract End-User /	: Php 376,980.00			
Implementing Office	: PROCUREMENT 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 **MAY 26, 2023, 10:00 AM** Philippine Standard Time, together with the following documents of your company:

- PhilGEPS certificate (not expired on the time of opening of quotations);
- 2 Business Registration (DTI/SEC)
- 3 Mayor's/Business Permit (2023);
- 4 Tax Clearance; and
- 5 Omnibus Sworn Statement prescribed by the QC BAC- Goods and Services
- 6 Income/Business Tax Return (for FY 2022) (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.

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	QTY.	UNIT PRICE	ITEM TOTAL
1	Rags, Round Cotton, 7 inches diameter	kilo -	50 -		
2 /	Disinfectant Spray, aerosol type, 170g/bottle >	bottle -	100		
3 ~	Furniture Polish, aerosol type, 180ml/bottle	bottle	100 -		
4	Air Freshener, aerosol type, 320ml/bottle	bottle /	100 -		
5 /	Glass Cleaner, aerosol type, 500ml/bottle >	bottle /	100 -		
6 /	Liquid Hand Soap, 225ml, per bottle with pump	bottle	80 /		
7 ′	Liquid Hand Soap, Refill, 200ml	pack /	400 <		
8 ′	Paper Towel, Interfolded Paper Towels, 100% Virgin Pulp, 175 Pulls/Pack	pack /	1,920 ×		
9 /	Disposable Surgical Face Mask, 3-ply with ear loop, 50 pieces per box	box -	480		
10 -	KF94 Face Mask, with ear loop black, 10 pieces/pack	pack	1,920		
11 ,	3D Face Mask, with ear loop black, 10 pieces/pack	pack	1,920		
				TOTAL:	

Amount in Words:			
,-			

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Copy of valid, current License to Operate for Medical Supplies/Devices from DOH Accreditation as Supplier, Distributor or Manufacturer -

Delivery Period	:	Fifteen (15) Calendar Days	_	
Warranty	:	(Manager 1)		

Signature over prin	ited name
Office Telephone No./F	ax/Mobile No
Date	