



**REQUEST FOR QUOTATION
SMALL VALUE PROCUREMENT
(SECTION 53.9 – SMALL VALUE PROCUREMENT)**

DATE : MAY 09, 2023

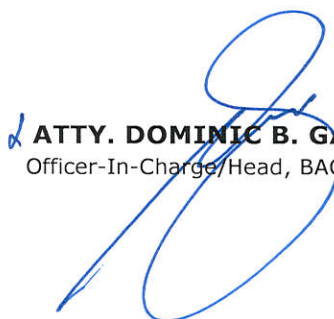
PR NO. : RMBGH-23-VRM-0253B

Name of Company : _____
Address : _____
Contact No. : _____
Project Title : **RM - MOTOR VEHICLE (PARTS AND LABOR)**
Approved Budget of the Contract : **P 149,500.00**
End-User / Implementing Office : **ROSARIO MACLANG BAUTISTA 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 **MAY 12, 2023, 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 (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)
- 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** issued by QC BAC- Goods and Services.


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	<u>Tires for Ambulance (Toyota Hi-ace van)</u> Tire size: 195R15C 8PR 106/104s, Tire Width: 195 mm, Rim Size: 15 inches, Durable with Superior Grip **Includes wheel alignment and installation	pc	15		
2	<u>Tires for Toyota Hi-Lux</u> size: 265/60R18 Enhanced off-road stability, designed to give superior road-handling, smooth ride and low road noise, excellent traction and steering control, good traction and stability on a variety of terrain, optimized tread design dampens road noise and vibrations to deliver smooth quiet ride, tough, alternating semi stealth grooves provide high stiffness **Includes wheel alignment and installation	pc	5		
	<u>Note: with free mounting, balancing, tire valve, wheel weights and complete alignment</u>				
Total Quoted Amount					

Amount in Words: _____

OTHER REQUIREMENTS:	
➤	Statement of Warranty: Minimum of Six (6) Months
➤	Photo/s of existing repair shop

Delivery Period : Thirty (30) Calendar Days

Warranty : _____

Signature over printed name

Office Telephone No./Fax/Mobile No.

Date

Email Address

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