



REQUEST FOR QUOTATION  
NEGOTIATED PROCUREMENT  
SECTION 53.1

DATE : JUN 07 2023

PROJECT NO. : CPO-23-SOP-0316B

Name of Company : \_\_\_\_\_  
Address : \_\_\_\_\_  
Contact No. : \_\_\_\_\_  
Project Title : **PROCUREMENT OF FACE MASK AND OTHERS** ✓  
Approved Budget of the Contract : **Php217,000.00** ✓  
End-User / Implementing Office : **CITY PROSECUTOR'S 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 **JUN 13 2023 11:00 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 (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.

  
**MA. MARGARITA T. SANTOS**  
Chairperson, BAC- Goods and Services

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
	<i>With minimum technical specifications:</i>				
1	<b>KN95 PRO Face Mask</b> – non-woven adult face mask 10 pieces per pack, color: white	pack	2,538		
2	<b>Gloves</b> – gloves examination, nitrile (preferable), latex, polychloroprene of PVC, powder-free, non-sterile. (e.g., minimum 230mm total length). Minimum thickness 0.05mm, Sizes: medium	piece	506		
3	<b>KN95 5D 5PLY THICK QUALITY Protective Face Mask</b> – 10 pieces per pack – Adult Mask – prevent mist haze – dust proof - odorless – non-irritating – non-allergic – 99% filtration rate KN95 masks are designed to offer better protection than standard disposable masks. Our KN95 masks filter non-oil-based particles such as those resulting from viruses, PM 2.5 air pollution, wildfires, or volcanic eruptions, color: white	pack	2,500		
TOTAL					

Amount in Words:

Other Requirement:
<ul style="list-style-type: none"><li>• Copy of valid, current License to Operate for Medical Supplies/Devices from DOH Accreditation as Supplier, Distributor or Manufacturer</li></ul>

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Delivery Period : Thirty (30) Calendar Days

Warranty : \_\_\_\_\_

\_\_\_\_\_  
Signature over printed name

\_\_\_\_\_  
Office Telephone No./Fax/Mobile No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address