

Republic of the Philippines Province of Pampanga

Bids and Awards Committee

Provincial Capitol, City of San Fernando, (P) / (045) 435-5901

MAY 1 0 2024

RFQ No. 240313 (Reposting)

P.R. No. / Date / End User / Purpose:

(24-1238 3/14/2024 Governor's Office Various Supplies to be used for Alagang Nanay Preventive Health Care Program)

| REQUEST FOR QUOTATION | |
|---|---|
| Small Value Procurement | and control translation sandon to some period absolute the con- |
| Direct and of Council for the | |
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| | |
| | REQUEST FOR QUOTATION Small Value Procurement |

Please quote your lowest price for the requirements listed hereunder subject to the Terms submit to this Office duly signed by you or your representative not later than $4:00~p.m_{\circ}$

APPROVED BUDGET FOR THE CONTRACT (ABC): PhP 57,925.00

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TERMS AND CONDITIONS

- All quotations may be typewritten or handwritten, placed in a sealed envelope.
- All quotations shall be valid for one hundred twenty (120) calendar days from the deadline of the submission of the
- Any erasures or overwriting shall be valid only if they are signed or initialed by the supplier or its authorized representative.
- Interested suppliers are required to submit their valid current Mayor's Permit, PhilGEPS Registration Number, and Income/BIR Tax Return (for ABCs above P500,000.00) upon submission of quotation. In lieu of the Mayor's Permit and PhilGEPS Registration Number, the PhilGEPS Certificate of Platinum Membership may be submitted. For new businesses, submit the BIR Certificate of Registration and latest quarterly return or percentage tax..
- The applicable rate for late deliveries is one tenth (1/10) of one percent (1%) of the cost at the unperformed portion for everyday of delay.
- The Provincial Government of Pampanga reserves the right to accept or reject any quotation, and to annul the procurement process and reject all quotations at any time prior to contract award, without thereby incurring any liability to the affected supplier/s.
- The PGP also reserves the right to waive any required formality in the proposals received, and select the proposal which it determine to be the most advantageous to the government.

| Item No. | Qty | Unit | Item Description | Unit Price | Total Price |
|-------------|-----|---------|--|------------|-------------|
| 1 | 30 | bottles | Ethyl Alcohol, 70% , in spray bottle, 500ml | | |
| 2 | 25 | bottles | Hand Soap, in pump bottle, 450ml | | |
| 3 | 10 | pcs | Bathroom Soap, 160grams, any scent | | |
| 4 | 50 | pcs | Hand Towel, made of cotton, color white, standard size | | |
| 5 | 45 | packs | Toilet Tissue, 3 ply, 12's/pack, | | |
| 6 | 50 | box | Facial Tissue, 170's pulls/box | | |
| 7 | 10 | pcs | Rubber Mat, assorted color, standard size | | |
| 8 | 30 | bottles | Air Freshener, 320ml, assorted scent | | |
| 9 | 150 | pcs | ID Lace, color red | | |

| | Item Description | Unit Price | Total Price |
|--------------|---|--------------------|-------------|
| | TERMS OF REFERENCE: | | |
| | 1. Brand of the items being offered must be indicated in the quotation except item no. 4,7 and 9. | | |
| | 2. The procuring entity reserves the right to conduct product | | |
| | testing/inspection to determine the fitness of the items being offered by prospective suppliers. | | |
| | AFTER SALES SERVICE: | | |
| | Defective items discovered within seven (7) days from the date of | | |
| | delivery must be replaced within 24 hours upon notification by the | | |
| | end-user. | | |
| | SCHEDULE OF REQUIREMENTS: | | |
| | Delivery within ten (10) days upon receipt of PO/NOA | | |
| | Total Lot Price | 1 | |
| e winning s | supplier shall submit a duly signed and notarized Omnibus Sworn Statement | prior to notice of | award |
| he winning s | Delivery within ten (10) days upon receipt of PO/NOA | prior to notice of | award. |

| Having carefully read and accepted your | Terms and Conditions, | including the technical specifications. | I/We offer to supply/deliver |
|---|-----------------------|---|------------------------------|
| the item/s as noted above. | | | to supply/deliver |
| | | | |

| Supplier's authorized representative signature over printed name | BAC CANVASSER |
|--|---------------|
| Designation: | |
| Contact No.: | |
| Email Address.: | May |