



Republic of the Philippines
Department of Justice
BUREAU OF CORRECTIONS
City of Muntinlupa



REQUEST FOR QUOTATION #2021-015

Date: _____

Name of Company: _____

Address: _____

TIN No.: _____

Please quote your best offer for the Item/s described below, subject to the Terms and Conditions as stated hereunder.

- a.) Bidders shall provide correct and accurate information required in this form
- b.) Bidders may quote for all the items.
- c.) Price quotation/s must be valid for a period of *One Hundred Twenty (120) calendar days* from the date of submission.
- d.) Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.
- e.) Quotations exceeding the Approved Budget for the Contract shall be rejected.
- f.) Award of contract shall be made to the lowest quotation (for goods and infrastructure) or, the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
- g.) Any alterations, erasures or overwriting shall be valid only if they are signed or initiated by you or any of your duly authorized representative/s.
- h.) The item/s shall be delivered within **Fifteen (15) calendar days** from receipt of approved purchase order.
- i.) The BuCor shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
- j.) Liquidated damages equivalent to one tenth of one percent (0.001%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. The BuCor 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.
- k.) Bidders shall submit the required documents together with their bid price in a sealed envelope indicating supplier's name and name of project.
- l.) Submission thru e-mail and fax quotation **will be allowed/accepted**.

REQUIREMENTS TO BE SUBMITTED

- m.) Valid and Current PhilGeps Registration Number
- n.) Valid and Current Mayor's/Business Permit
- o.) Valid and Current Complete Income Tax Return filed thru EFPS
- p.) Duly Notarized Omnibus Sworn Statement
- q.) Duly Notarized Authority to Signatory (if applicable).

NOTE:

BIDDERS STATEMENT OF COMPLIANCE ON THE TERMS & CONDITIONS AND REQUIREMENTS AS STATED ABOVE

Signature over Printed Name of
Sole Proprietor /Authorized Representative

Submit your quotation duly signed by you or your duly authorized representative not later than **March 30, 2021** at the BAC Office, Bureau of Corrections at **09:00 A.M.** late submission of bids shall be rejected. For further information, you can call the BAC Secretariat c/o WILLIAM M. TERRADO at the Supply Office, Bureau of Corrections, Muntinlupa City at Tel # 809-8587/478-0907 from 8:00 am to 5:00pm or email at bacsecbucor@yahoo.com, Monday to Friday.


CCSUPT VICTOR ERICK L PASCUA
Chairperson, Bids and Awards Committee

After having carefully read and accepted the Terms and Conditions, I/we submit our quotation/s for the Item/s as follows:

REQUEST FOR QUOTATION 2021-015

Project: Supply and Delivery of Medical Supplies for Training Use

ABC: ₱21,150.00

QTY	UNIT	DESCRIPTION	Compliance to the Technical specifications (Please check)		Offered Quotation	Approved Budget of the Contract (ABC)
			YES	NO		
3	unit	<u>B/P MONITOR</u> Aneroid Sphygmomanometer Light Weight and easy to carry One-piece cuff made of durable synthetic fabric material Stainless Steel Pressure Gauge Calibrate to 300 Hg Flexible Single Lumen PVC Tubing Adjustable Velcro Pressure Cuffs Double-sided Stethoscope				5,550.00
3	unit	<u>GLUCOMETER</u> Test Strip automatically return, simplicity of operator refer to average value of 7,14,21,29 days. Precise measurement low cost large screen display Less Blood, painless process Auto power off after 2 minutes without action Bio-sensor Technology capable to draw blood sample itself from the finger tip (with free 100pcs strips & needle)				10,650.00
3	unit	<u>NEBULIZER MACHINE</u> High nebulizer performance Short inhalation time Nebulization with compressed air technology Spare air filters Power: 220v 60Hz Medication Capacity: 6ml Dimension: (LxWxH) 6.1" x 5.5" x 3.5" Weight: 1.2kg (2.7 lbs)				4,950.00
TOTAL						21,150.00

SIGNATURE OVER PRINTED NAME OF SOLE PROPRIETOR OR REPRESENTATIVE

TELEPHONE NO: _____
 CELLPHONE NO: _____
 EMAIL: _____

If a corporation or joint venture: None of the officers, directors, and controlling stockholders of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

7. *[Name of Bidder]* complies with existing labor laws and standards; and
8. *[Name of Bidder]* is aware of and has undertaken the following responsibilities as a Bidder:
 - a) Carefully examine all of the Bidding Documents;
 - b) Acknowledge all conditions, local or otherwise, affecting the implementation of the Contract;
 - c) Made an estimate of the facilities available and needed for the contract to be bid, if any; and
 - d) Inquire or secure Supplemental/Bid Bulletin(s) issued for **Supply and Delivery of Medical Supplies for Training Use**.
 - e) *[Name of Bidder]* did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity

IN WITNESS WHEREOF, I have hereunto set my hand this ___ day of ___, 2021 at _____, Philippines.

Bidder's Representative/Authorized Signatory

SUBSCRIBED AND SWORN to before me this ___ day of *[month]* *[year]* at *[place of execution]*, Philippines. Affiant/s is/are personally known to me and was/were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiant/s exhibited to me his/her *[insert type of government identification card used]*, with his/her photograph and signature appearing thereon, with no. _____ and issued on _____ at _____.

Witness my hand and seal this ___ day of *[month]* *[year]*.

NAME OF NOTARY PUBLIC

Serial No. of Commission _____

Notary Public for _____ until _____

Roll of Attorneys No. _____

PTR No. _____ *[date issued]*, *[place issued]*

IBP No. _____ *[date issued]*, *[place issued]*

Doc. No. _____

Page No. _____

Book No. _____

Series of _____