



**REQUEST FOR QUOTATION**

**SUPPLY AND DELIVERY OF HOG FEEDS AND ANIMAL MEDICINE FOR PASUGUI PIGGERY PROJECT – 1 LOT**

Date: \_\_\_\_\_  
 RFQ No: SPPF2021-PR.239

Name of Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name of Store/Shop: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Business Permit No.: \_\_\_\_\_  
 TIN No.: \_\_\_\_\_  
 PhilGEPS Registration No.: (required) \_\_\_\_\_

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 shall quote per lot.**
- c.) Price quotation/lot must be valid for a period of **One Hundred Twenty (120) calendar days** from the date of submission.
- d.) Price quotation/lot, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.
- e.) Quotation exceeding the Approved Budget for the Contract shall be rejected.
- f.) Award of contract shall be made to the lowest quotation/lot (for goods and infrastructure) or, the highest rated offer/lot (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.) All items shall be delivered within **seven (7) calendar days** from the receipt of approved Notice to proceed (NTP).
- i.) The BuCor-SPPF shall have the right to inspect and/or to test the goods to confirm its conformity to the technical specifications.
- j.) Liquidated damages equivalent to one tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. The BuCor-SPPF 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.
- l.) Submission thru e-mail and fax of your quotation will not be entertained/accepted. Send your sealed quotation thru mail or submit it personally at the address hereunder provided.**

**REQUIREMENTS TO BE SUBMITTED**

- 1. Certified True copy of Valid & Current Mayor's/Business Permit
  - a. Valid & Current Mayors Permit
  - b. Valid & Current Business Permit
- 2. Certified True copy of Valid & Current PhilGEPS Registration Number
- 3. Bidders who are registered in BuCor-SPPF Suppliers Registry **with updated record** need not to submit the aforementioned requirements.

**NOTE:**

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

\_\_\_\_\_  
 Signature over Printed Name of  
 Authorized Representative / Sole Proprietor

Submit your sealed quotation duly signed by you or your duly representative not later than **November 1, 2021** at the BAC Office, Bureau of Corrections – Sablayan Prison and Penal Farm at **09:00 A.M.** Late submission of bids shall be rejected.

**CCI ANGELITO D. CAPITAN**  
**BAC Chairperson**

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 #SPPF2021-PR.239**

<b>Procurement Project</b>	<b>Approved Budget for the Contract (ABC)</b>
<b>SUPPLY AND DELIVERY OF HOG FEEDS AND ANIMAL MEDICINE FOR PASUGUI PIGGERY PROJECT – 1 LOT</b>	<b>Forty Two Thousand Eight Hundred (Php. 42,800.00)</b>

QTY	UNIT	DESCRIPTION	Compliance to the Technical specifications (Please check)		Approved Budget of the Contract (ABC)/Lot	Offered Quotation Per Unit	Offered Quotation Per Unit X Quantity	TOTAL Offered Quotation/Lot
			YES	NO				
6	SACK	HOG PRE-STARTER PELLETS			Php. 42,800.00			
12	SACK	HOG BREEDER PELLETS						
8	SACK	HOG GROWER PELLETS						
4	SACK	HOG STARTER PELLETS						
2	BOTS	ENROFLOXACIN HYDROCHLORIDE (BACTERID 100 MG/ML)						
		X-X-X-X-X-X						

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME OF REPRESENTATIVE OR SOLE PROPRIETOR  
POSITION/DESIGNATION: \_\_\_\_\_  
OFFICE TELEPHONE NO: \_\_\_\_\_  
MOBILE PHONE NO./FAX NO.: \_\_\_\_\_  
EMAIL ADDRESS/ES: \_\_\_\_\_