



REQUEST FOR QUOTATION

SUPPLY & DELIVERY OF ANIMAL HUSBANDRY PROJECT SUPPLIES – 1 LOT

Date: _____
 RFQ No: SPPF2022-PR.007

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 **thirty (30) 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 **February 7, 2022** 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:

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Procurement Project	Approved Budget for the Contract (ABC)
SUPPLY & DELIVERY OF ANIMAL HUSBANDRY PROJECT SUPPLIES – 1 LOT	One Hundred Twenty Three Thousand Five Hundred Fifty Pesos (Php. 123,550.00)

QTY	UNIT	DESCRIPTION	Compliance to the Technical specifications (Please check)		Approved Budget of the Contract (ABC)/Lot	Offered Quotation Per Unit	Offered Quotation Per <u>Unit X Quantity</u>	TOTAL Offered Quotation/Lot
			YES	NO				
20	Vial	VITAMIN ADE (100ML-INJECTABLE)			Php. 123,550			
5	Gal.	DE-WORMER (ALBENDAZOLE) FOR DRENCHING						
10	Vial	ANTI-BIOTIC (120ML-INJECTABLE)						
10	Vial	ANTI-PYRETIC (100ML- INJECTABLE)						
20	Tin	WOUND SPRAY (40G)						
60	Sacks	SALT (CLASS B)						
10	rolls	ROPE #24: 200M/ROLL						
		X-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: _____