

Republic of the Philippines Department of Justice BUREAU OF CORRECTIONS SABLAYAN PRISON AND PENAL FARM



Occidental Mindoro

REQUEST FOR QUOTATION

"SUPPLY & DELIVERY OF MATERIALS FOR IDPD OFFICE REPAIR – 1 LOT"

| | Date : |
|---------------------------------------|--------------------------------|
| | RFQ No: <u>SPPF2022-PR.053</u> |
| 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.
- 1.) 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 May 17, 2022 at the BAC Office, Bureau of Corrections – Sablayan Prison and Penal Farm at 9:00 A.M. Late submission of bids shall be rejected.



REQUEST FOR QUOTATION #SPPF2022-PR. 053

| Procurement Project | Approved Budget for the Contract (ABC) |
|---|--|
| "SUPPLY & DELIVERY OF MATERIALS FOR IDPD OFFICE | |
| REPAIR – 1 LOT" | Sixty One Thousand Pesos (Php. 61,000) |

| | | | | | | (H | hp. 61,000) | |
|-----|------|--|--|----|---|-----------|-----------------------|---------------------------------------|
| QTY | UNIT | DESCRIPTION | Compliance to the Technical specifications (Please check) | | Approved Bu of the Contr (ABC)/Lo | act Quota | tio Quotatio r Per | TOTAL Offered Quotation/ Lot |
| | | | YES | NO | | | Quantity | |
| 1 | SET | GLASS DOOR, SWINGM STANDARD, ¼ BRONZE GLASS WITH FRAME AND INSTALLATION | | | | | | |
| | 221 | GLASS PARTITION, 9.4 FT, | | | DI 61.000 | 00 | | |
| | PAN | (LESS GLASS DOOR), 1/4 | | | Php. 61,000 | .00 | | |
| 1 | EL | BRONZE GLASS | | | | | | |
| | | X-X-X-X-X-X | | | | | | |
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| SIGNATURE OVER PRINTED NAME OF REPRESENTATIVE OR SOLE | PROPRIETOR |
|---|------------|
| POSITION/DESIGNATION: | |
| OFFICE TELEPHONE NO: | |
| MOBILE PHONE NO./FAX NO.: | |
| EMAIL ADDRESS/ES: | |