



Republic of the Philippines
 Department of Justice
BUREAU OF CORRECTIONS
SAN RAMON PRISON AND PENAL FARM
 City of Zamboanga



REQUEST FOR QUOTATION #2025-06-128
 Supply and Delivery of 8 (eight) units Executive Chair

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

Note:

Allow PEs to accept the expired Buisness or Mayor's permit with Official Receipt of renewal application, subject to submission of Business or Mayor's permit after award of contract under GPPB Resoution No. 05-2020 Approving the Acceptance of an Expired Mayor's Permit with Offciial Receipt for yhe Renewal Application.

- p.) Valid and Current Income Tax Return – for ABC above **500,000.00**
- q.) Duly Notarized Omnibus Sworn Statement (original) – for ABC above **50,000.00**
- r.) Duly Notarized Authority to Signatory (if applicable)
- s.) Tax Clearance Certificate – for ABC above **50,000.00**

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 sealed quotation duly signed by you or your duly authorized representative not later than Aug. 5, 2025 at 1000H the BAC Office, San Ramon Prison and Penal Farm at 9:00am. Late submission of bids shall be rejected. For further information, you can call the BAC Secretariats **0927-427-0841 | 09451422530** or email at srppfbac@bucor.gov.ph, Monday to Friday

CSINSP ROMMEL J. CAMPILIS
 Chairperson, Bids and Awards Committee



991-7240 | 991-7241
srppfctos@bucor.gov.ph | srppfadmin@bucor.gov.ph





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PR#2025-07-139

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 #2025-06-128
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QTY	UNIT	DESCRIPTION	Compliance to the Technical specifications (Please check)		Unit Price	Offered Quotation	Approved Budget for Contract	Offered Quotation
			YES	NO				
8	Units	Executive Chair (see attached picture)			8,000.00		64,000.00	
	xxxxx	xxxxx Nothing Follows xxxxx			TOTAL		₱ 64,000.00	
Purposed: for accounting personnel use.								

SIGNATURE OVER PRINTED NAME OF SOLE PROPRIETOR OR REPRESENTATIVE

TELEPHONE NO: _____
 CELLPHONE NO: _____
 EMAIL: _____



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