

Date:	09/01/2020
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REQUEST FOR QUOTATION

Project Number:

Reference PR Number: 2020-09-2048

Sir/Madam:

Please quote your best offer for the item/s listed below, subject to the Terms and Conditions provided. Submit your quotation duly signed by you or your duly authorized representative through email at rs.degraciajr@philrice.gov.ph (if sealed, addressed to Ms. Glenda D. Ravelo) or fax at (044) 456-0650 or 651 not later than 09/16/2020.

RODOLFO S. DE GRACIA JR
BUYER/CANVASSER

ARNOLD S. JULIANO Division Head

PROCUREMENT TERMS AND CONDITIONS

- 1. The Approved Budget for the Contract (ABC) is PhP 120,000.00
- 2. Prices guoted are subject to deduction of 5% VAT & 1% EWT (for goods) or 5% VAT & 2% EWT (for services).
- 3. All bids in excess of the ABC will be rejected.
- 4. Complete technical specifications, brand and model must be indicated in the price quotation for evaluation purposes.
- 5. Delivery period shall be indicated in the quotation. Liquidated damages equivalent to 1/10 of 1% per day of delay for the value of undelivered items shall be imposed.
- 6. Goods, supplies, equipment, or work done are subject to inspection/acceptance, PhilRice reserves the right to cancel, reject, or rebid the items which do not conform with the technical specifications.
- 7. **NEW** suppliers are required to submit a photocopy of **valid Mayor's Business Permit**, **valid PhilGEPS Registration Number and valid PCAB License (if applicable)** together with their quotations. Please disregard if you have submitted an updated copy/ies. This shall be subjected for validation.
- 8. The winning Bidder is required to submit a photocopy of Latest Income/Business Tax Return and original copy of Omnibus Sworn Statement prescribed by the GPPB PRIOR TO PAYMENT of the goods delivered/services rendered.
- 9. Supplier warrants that s/he has not given nor promised to give any money or gift to any PhilRice employee to secure this offer and to obtain an award.

1 100 piece PPE, Ear Muffs SNR:31 db (minimum) 1 100 piece PPE, Mask Paint mask respirator, half face, two filter holder Delivery Period: 30 calendar days 15 calendar days 7 calendar days Others: Place of Delivery: PhilRice CES-Central Warehouse ATI-QC Others: Price Validity: 120 calendar days 60 calendar days 30 calendar days Others: Payment Term: 3 months Others: Payment Term: 30 calendar days 15 calendar days Others: Payment Term: Designation: Company Name: Business Address: PhilGEPS Registration No.: Telephone Number: Email Address:	tem No.	Quantity	Unit	Item and Description		Unit Price	Total Amount	
1 100 piece Paint mask respirator, half face, two filter holder Delivery Period: 30 calendar days 15 calendar days 7 calendar days 0thers: Place of Delivery: PhilRice CES-Central Warehouse ATI-QC 0thers: Price Validity: 120 calendar days 60 calendar days 30 calendar days 0thers: Payment Term: 30 calendar days 15 calendar days 0thers: After having carefully read and accepted the Procurement Terms & Conditions, I/We quote you on the item at prices noted above Designation: Company Name: Business Address: PhilGEPS Registration No.: Telephone Number:	1	100	piece	B				
Place of Delivery: Price Validity: Price Validity: 120 calendar days 60 calendar days 30 calendar days Others: Payment Term: After having carefully read and accepted the Procurement Terms & Conditions, I/We quote you on the item at prices noted above PRINTED NAME/SIGNATURE OF AUTHORIZED F Company Name: Business Address: PhilGEPS Registration No.: Telephone Number:	1	100	piece		spirator, half face, two filt	er holder		
Price Validity: 120 calendar days 60 calendar days 30 calendar days Others: Warranty: 1 year 3 months Others: Payment Term: 30 calendar days 15 calendar days Others: After having carefully read and accepted the Procurement Terms & Conditions, I/We quote you on the item at prices noted above Designation: Company Name: Business Address: PhilGEPS Registration No.: Telephone Number: Telephon	elivery Po	eriod:	○ 30 ca	alendar days	○ 15 calendar days	7 calendar days	Others:	
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Business Address: PhilGEPS Registration No.: Telephone Number:						Designation:		
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Telephone Number:								
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