

Date:	9/21/2020

REQUEST	FOR	QUOT	TATION
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Project Number: 16
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Reference PR Number: 20-09-239

se Arnel E. Cordova

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 (ms.cabanayan@philrice.gov.ph/courier - if sealed, addressed to Maricris S. Cabanayan) or contact u at at

cellphone no. not late than\_\_\_

Erns Kerrent C. Alisen BUYER/CANVASSER

## PROCUREMENT TERMS AND CONDITIONS

- 1. The Approved Budget for the Contract (ABC) is PhP 89,450.00
- 2. Prices quoted 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.

ltem No.	Quantity	Unit	Item and Description	Unit Price	Total Amount	
1	3000	рс	SURGICAL MASK SurgicalDisposableEar Loop3-plyWired			
2	200	piece	face shield, anti-spray, anti-fogging, oil splash proof, with eye glass frame			
3	2	piece	hydrocortisone cream 10g			
4	60	piece	Paracetamol, for headache and backache and fever reduction			
5	60	piece	Paracetamol, for relief of clogged nose, runny nose, postnasal drip, itchy and watery eyes, sneezing			
6	30	piece	Mefenamic acid, 500mg for relief of pain associated with acute musculoskeletal disorders such as sprains, strains, injuries, osteoarthritis, rheumatoid arthritis, dental pain, post-operative, and post-partum pain			
7	30	piece	antihistamine,to treat cold or allergy symptoms such as sneezing, itching, watery eyes, or runny nose, itching and swelling			
8	60	piece	Loperamide, for Control and symptomatic relief of diarrhea			
9	100	piece	ascorbic acid			
10	10	bottle	Hydrogen Peroxide, 120ml			
11	2	tube	Topical ointment, 30mg			
12	10	pack	Plastic strips			
13	30	рс	ANTACID			
14	10	bottle	Betadine, 15ml			
15	10	pack	Cotton balls			
16	10	pack	Gauze bandage 10cm x 9cm			
17	10	pack	Gauze pad 4x4			

Delivery Period:	<ul> <li>30 calendar days</li> </ul>	15 calendar days	7 calendar days	Others:			
Place of Delivery:	PhilRice Others:						
Price Validity:	120 calendar days	○ 60 calendar days	<ul> <li>30 calendar days</li> </ul>	Others:			
Warranty:	◯ 1 year ◯ 3 mo	nths Others:					
Payment Term:	30 calendar days	15 calendar days	Others:				
After having carefully	y read and accepted the Pro	curement Terms & Condi	tions, I/We quote you on th	ne item at prices noted above.			
	5						
				PRINTED NAME/SIGNATURE OF AUTHORIZED REPRESENTATIVE			
			Designation:				
			Company Name:				
			Business Address:				
		PhilGE	PS Registration No.:				
			Telephone Number:				
			Email Address:				
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Pholitice Negros Branch Station, Cansilayan, Murcia, 6179 Negros Occidental, Philipplines
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