



Date: September 3, 2020

REQUEST FOR QUOTATION

Project Number: _____

Reference PR Number: 20-08-0527

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 (mcp.olofernes@philrice.gov.ph / courier - if sealed, addressed to Mr. Kenieth T. Ballenas) or fax at (085)343-0768 not later than 09/10/2020.

KENIETH T. BALLENAS
BUYER/CANVASSER

JASMIN J. REYES
RCEF PMO Focal Person

PROCUREMENT TERMS AND CONDITIONS

1. The Approved Budget for the Contract (ABC) is **Php 86,250.00**
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.

***** Partial bid is accepted *****

Item No.	Quantity	Unit	Item and Description	Unit Price	Total Amount
Supply & Delivery of Medical Supplies (PPE):					
1	15	piece	First Aid Kit		
2	100	box	Surgical Face Mask		
3	150	piece	Face Shield		
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Delivery Period: ☐ 30 calendar days ☐ 15 calendar days ☐ 7 calendar days ☐ Others: _____

Place of Delivery: ☐ PhilRice AES ☐ ATI-OC ☐ Others: _____

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.

PRINTED NAME/SIGNATURE OF AUTHORIZED REPRESENTATIVE

Designation: _____
Company Name: _____
Business Address: _____
PhilGEPS Registration No.: _____
Telephone Number: _____
Email Address: _____

PRRI RFQ Rev 5 Effectivity Date: Oct 29, 2019

