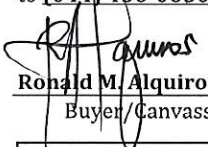





REQUEST FOR QUOTATION (RFQ)

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 not later than October **25**, 2021 at 9:00 am to **ppmu.pmd@philrice.gov.ph or ppmu.pmd@gmail.com** or send via fax or drop at PPMU box at Procurement Management Division (PMD) Office, Maligaya, Science City of Munoz, Nueva Ecija. For any clarification you may call/send through fax to **(044) 456-0650 or PPMU no. 09435623878/ 09150816864**


Ronald M. Alquiros
Buyer/Canvasser


Gina B. Narca
Division Head

INSTRUCTIONS:

1. Accomplish this RFQ correctly and accurately.
2. Please do not leave any blank items. Indicate "0" if item being offered is for free and "NO BID" if no offer.
3. Do not alter the contents of this form in any way.
4. All technical specifications are mandatory. Fill in the column designated for technical specifications of your offer, you may specify the brand and model if applicable. Use additional sheet if needed or attach brochure.
5. Failure to follow these instructions will disqualify your quotation.
6. NEW supplier are required to submit a photocopy/e-copy of valid Mayor's Business Permit, BIR Registration 2303, DTI/SEC/CDA Registration (whichever is applicable), valid PhilGEPS Registration Number and valid PCAB License (if applicable) together with their quotations. Please disregard if you have submitted an updated copy/ies to PMD. This shall be subjected for validation.

Project Title: IMSSO (Procurement for medical cover all suit).

Project No. GAS-009-000 ~~UAF-09A~~

Reference PR No.: 2021-10-5974

Approved Budget of the Contract: P 72,000.00

Item No.	Quantity	Unit	Item and Description		Unit Price	Total Amount
			Per Request	Offer		
1	60	piece	Medical Supplies, Cover All Suit PPE Coverall Medical Grade Protection With Tape on Seam Non woven Liquid Proof Soft, light, Non-toxic, Durable, Eco-friendly. PPE Coverall Medical Grade Suit Level 4 protection. Size: Extra Large			
2	60	piece	Medical Supplies, Cover All Suit PPE Coverall Medical Grade Protection With Tape on Seam Non woven Liquid Proof Soft, light, Non-toxic, Durable, Eco-friendly 1 pc. PPE Coverall Medical Grade Suit Level 4 protection. Size: 2XL/3XL			

Delivery Period: _____

Place of Delivery: PhilRice-CES

Warranty: _____

Payment Term: 30 calendar days

1. Price Quotations must be valid for a period of 30 calendar days from the deadline of submission.
2. Price quotations shall include all taxes, duties and/or levies. Deductions of 5% VAT & 1% EWT (*for goods*) or 5% VAT & 2% EWT



REQUEST FOR QUOTATION (RFQ)

4. Award of contract shall be made to the lowest quotations (for goods and infrastructure) or, the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and
5. In case of two or more bidders are determined to have submitted the Lowest Calculated Quotation/Lowest Calculated and Responsive Quotation, the PhilRice shall adopt and employ "draw lots" as the tie-breaking method to finally determine the single
6. Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized
7. The item/s shall be delivered according to the requirements specified in the Conformed Purchase Order or Contract.

8. 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.

9. Liquidated damages equivalent to 1/10 of 1% per day of delay for the value of undelivered items shall be imposed. PhilRice shall rescind the contract once the cumulative amount of liquidated damages reaches ten (10) percent of the amount of contract, without
10. 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.
11. 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.
12. Payment shall be made within (30) days after 100% completion of delivery subject to submission and/or completion of supporting documents, in accordance with existing accounting rules and regulations. Please note that the corresponding bank transfer fee, if any, shall be chargeable to the contractor's/Supplier's account.

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: _____

LandBank Account number (Optional): _____

PRRI RFQ Rev 5 Effectivity Date: February 01, 2021

