



January 16, 2024  
 Date

**REQUEST FOR QUOTATION  
 SMALL VALUE PROCUREMENT**

**INSTRUCTION:**

- Bidders are required to read the instructions and fill all the blanks properly, Prospective Bidders/Suppliers are required to use this official canvass form in accomplishing their bid proposals/quotation.
- Any specifications other than those required/stated in this form shall not be considered in their evaluation of bid.
- Quotation must be the lowest price(s), taxes included for the item(s) services listed hereunder including delivery charges.
- Always indicate the brand name of the offered items (s) or product.
- Price quotation(s) submitted shall be valid for ONE HUNDRED TWENTY DAYS (120) days reckoned from the deadline for submission of quotations.
- Terms of payment-Thirty (30) days from delivery of items(s)
- Only sealed quotations shall be considered by BAC. The Bidders/Suppliers or Authorized Representative shall indicate on the envelope the RFQ Number and the company name of the bidder/supplier.**
- Awarding shall be done by LOT /CATEGORY only.
- Delivery and/or Installation Period: 60 days upon receipt of Notice to Proceed

DEADLINE FOR SUBMISSION OF BIDS

January 19, 2024  
 Date

4:00 PM  
 Time

VLD 2024-

PR No. 01-073

End-user: REVELYN R. SUYAT, RMT

ABC: 325,000.00

Qty.	Unit	Item/Description	ABC (Php)	Offered brand	Unit price	Total cost
1	pack	Acinetobacter baumannii (ATCC 19606)	10,000.00			
1	pack	Actinobacillus pleuropneumoniae (ATCC 27090)	10,500.00			
1	pack	Bacillus cereus (ATCC 10876)	9,000.00			
1	pack	Bordetella bronchiseptica (ATCC 10580)	10,000.00			
1	pack	Campylobacter jejuni (ATCC 29428)	12,500.00			
1	pack	Clostridium perfringens (ARCC 12915)	12,500.00			
1	pack	Corynebacteruym diphtheriae (ATCC 13812)	10,500.00			
1	pack	Enterobacter cloacae (NCTC 13406)	10,000.00			
1	pack	Enterococcus faecalis (ATCC 14506)	10,000.00			
1	pack	Enterococcus faecium (ATCC 27270)	12,500.00			
1	pack	Erysipelothrox rhusiopathiae (ATCC 19414)	10,000.00			
1	pack	Escherichia coli (NCTC 13846)	10,000.00			
1	pack	Haemophilus influenzae (ATCC 49766)	10,000.00			
1	pack	Haemophilus influenzae (ATCC 19418)	10,000.00			
1	pack	Klebsiella pneumoniae (ATCC 700603)	10,500.00			
1	pack	Paenibacillus larvae (ATCC 9545)	14,500.00			
1	pack	Salmonella cholerasuis (ATCC 10708)	10,000.00			
1	pack	Salmonella enteritidis (ATCC 13076)	10,000.00			
1	pack	Salmonella typhimurium (ATCC 14028)	10,000.00			
1	pack	Salmonella pullorum (ATCC 13036)	10,500.00			
1	pack	Staphylococcus aureus (ATCC 6538)	10,000.00			
1	pack	Mycobacterium avium (ATCC 15769)	14,500.00			
1	pack	Mycobacterium tuberculosis (ATCC 25177)	12,500.00			
1	pack	Mycoplasma bovis (ATCC 25025)	32,000.00			
1	pack	Mycoplasma gallisepticum (NCTC 10115)	43,000.00			
		<b>Other Specifications:</b>				
		**ISO 17034 standard accredited reference material				
		**Strains at two passages from reference culture				
		**With Certificate of Analysis for strain information				
		<b>Note:</b>				
		Expiry should be at least 1 year upon delivery				
		Delivery Period: 45-60 calendar days				
		Place of delivery: ADDRL-BAI Compound				

LHEAN A. MINAYA  
 G-EPS Posted

RENE C. SANTIAGO, DVM, MSc.  
 Chair, Bids and Awards Committee

CANVASSER'S CERTIFICATION

This is to certify that I have full knowledge, authority and responsibility in distributing and/or collecting the Request for Quotation in accordance to the guidelines in securing prices for the Bureau of Animal Industry.

(Signature Over Printed Name)  
Authorized Canvasser

\_\_\_\_\_  
The BAI Bids and Awards Committee (BAC)  
Visayas Avenue, Diliman, Quezon City

Sir/Madam:

In connection with the above request, I/We hereby submit our quotation indicated above. I/We have carefully read and fully understand the minimum requirements and agree to furnish and/or effect delivery in conformity with specifications any or all said articles/services described above from receipt of Purchase Order.

_____ Signature Over Printed Name	_____ Name of Company	_____ Tax Identification Number
_____ Telephone Number(s)	_____ Address	(To be filled by Supplier) _____ Date accomplished

**Mandatory Requirements for submission:**

- |   |  |
|---|--|
| ✓ Mayor's Permit (Updated)                    | ✓ Income Tax Return (for ABCs above P500k)   |
| ✓ PhilGEPS Registration/Certificate (Updated) | ✓ Omnibus Sworn Statement (For ABCs above P50K) (Unnotarized OSS may be submitted provided that the notarized OSS shall be submitted prior to issuance of Notice of Award. |