



October 8, 2020

Date

SMALL VALUE PROCUREMENT (SVP)

INSTRUCTION:

1. 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.
2. Any specifications other than those required/stated in this form shall not be considered in the evaluation of bid.
3. Quotation must be the lowest price(s), taxes included for the item(s) services listed hereunder including delivery charges.
4. Always indicate the brand name of the offered items (s) or product.
5. Price quotation(s) submitted shall be valid for THIRTY (30) days
6. Terms of payment-Thirty (30) days from delivery of items(s)
7. Quotation(s)/Proposal(s) shall be submitted to the BAC Secretariat, Bureau of Animal Industry Compound, Diliman, Quezon City

DEADLINE FOR SUBMISSION OF BIDS

October 14, 2020

4:00 PM

Date

Time

PR. No. ASF 2020-10-081 End-user: CHRISTIAN DAQUIGAN, DVM ABC: 84,000.00

Qty.	Unit	Item/Description	ABC	Offered brand	Unit price	Total cost
7	pc	Folding Bed with Foam size 34 x 75	31,500.00			
50	pc	Pillow (vacuum pack)	20,000.00			
55	pc	Blanket	27,500.00			
50	pc	Pillow case	5,000.00			

LOLITA M. JUMALON

G-EPS Posted

PAUL C. LIMSON, DVM

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/Mam:

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 within _____ working days 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

Required documents for submission:

- | | |
|--|--|
| <input type="checkbox"/> Sealed Quotations | <input type="checkbox"/> Income Tax Return |
| <input type="checkbox"/> Mayor's Permit (Updated) | <input type="checkbox"/> Omnibus Sworn Statement |
| <input type="checkbox"/> PhilGEPS Registration/Certificate Updated | |