

Republic of the Philippines

January 18, 2024	
Date	

REQUEST FOR QUOTATION SMALL VALUE PROCUREMENT

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 their 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 ONE HUNDRED TWENTY DAYS (120) days reckoned from the deadline for submission of quotations.
- 6. Terms of payment-Thirty (30) days from delivery of items(s)
- 7. 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.
- 8. Awarding shall be done by **LOT /CATEGORY** only.
- 9. Delivery and/or Installation Period: 60 days upon receipt of Notice to Proceed

		DEADLINE FOR SUBMISSION OF BIDS	BIDS			January 23, 2024		4:00 PM	
	VLD 2024-				Date		Time		
PR No.	01-074	End-user: KRISTA MAE P. N	MALABAD, DVM	ABC: 138,000.00					
Qty.	Unit		Item/Description		ABC (PhP)	Offered brand	Unit price	Total cost	
3	lot	HM5 Hematology Analyzer reagents for vet	erinary use		114,000.00				
2	set	HM5 Hematology Analyzer controls, Calibration (low, normal, high) with Hemaclean			24,000.00				
		Note:							
		Delivery Period: 60 days							
		Place of delivery: ADDRL, VLD - BAI Comp	ound						
	o certify that eau of Animal	have full knowledge, authority and responsibilit Industry.	(Signature Ove	ollecting the Request for Quotation Printed Name)	in accordance to the	ne guideline	s in securing p	orices for	
The RAI	Rids and Au	ards Committee (BAC)	Authorized	Canvasser					
		nan, Quezon City							
Sir/Mada	am:								
		e above request, I/We hereby submit our quotat in conformity with specifications any or all said				m requireme	ents and agree	e to furnish	
Signature Over Printed Name			Name of Company			Tax Identification Number			
		N (/)		A11			(To be filled I		
Telephone Number(s)				Address			Date accomp	olished	
√ Ma	ayor's Permit	irements for submission: (Updated) stration/Certificate (Updated)	√ Omnibus Swe	Return (for ABCs above P500k) orn Statement (For ABCs above P5 ovided that the notarized OSS shall ce of Award					

Rev. No.: 03 Nov. 15, 2021