

F	ebruary 11, 202	2
	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: 30 working days upon receipt of Notice to Proceed

	VLD FS	DEADLINE FOR SUBMISSION OF BIDS		February 16, 2022		4:00 PM	
	2022-02-			Date		Time	
PR No.	054	End-user: GLADYS M. QL	JIATCHON, DVM ABC: 115,200.00				
Qty.	Unit	Item/De	escription	ABC (PhP)	Offered brand	Unit price	Total cost
5	pack	Cryogenic Storage Box					
2	case	Cryovial, 2ml sterile, stand alone, O-ring 500s					
6	pack	Disposable inoculating loop 1uL + 10uL sterile, individually wrapped, 100s					
2	pack	Autoclave Biohazard bags (12 24 in)					
10	pack	Sterile cotton tipped applicator individually wrapped, 100s					
2	pack	U-shaped microcentrifuge tubes 2ml					
2	roll	Gauze roll					
25	pack	Nitrile gloves powder free (small)					
10	pack	Nitrile gloves powder free (medium)					
10	pack	Gloves, long cuff, powder free (small)					
5	pack	Gloves, long cuff, powder free (medium)		6,000.00			
				1			
	I OI ITA	M. JUMALON			PAUL C. LIN	MSON, DVM	
		PS Posted				wards Commi	tee
This is to	oortify that I		CANVASSER'S CERTIFICATION stributing and/or collecting the Request for Quotation in	a accordance to th	o quidolino	in coouring r	rioss for
	au of Animal		stributing and/or collecting the Request for Quotation in	i accordance to ti	ie guidelines	s iii securing p	ilices ioi
the bare	au oi Ailinai	nddstry.	(Signature Over Printed Name)				
			Authorized Canvasser				
The BAI	Rids and Awa	ards Committee (BAC)	Authorized Garivasser				
		an, Quezon City					
Sir/Mada	ım:						
In conne	ction with the	above request. I/We hereby submit our quotation indi	icated above. I/We have carefully read and fully under	stand the minimur	m requireme	ents and agree	to furnish
			services described above within working da				to runnon
				,			
Signature Over Printed Name		d Name	Name of Company			Tax Identifica	tion Number
						(To be filled b	
	Telepho	ne Number(s)	Address			Date accomp	lished
- ·						1	
		rements for submission:					
	yor's Permit		✓ Income Tax Return (for ABCs above P500k)		200		
√ Phi	IGEPS Regis	tration/Certificate (Updated)	✓ Omnibus Sworn Statement (For ABCs above P50		-		
			be submitted provided that the notarized OSS shall be issuance of Notice of Award	e submitted prior	to		

Rev. No.: 03 Nov. 15, 2021