



**CITY GOVERNMENT OF TABACO  
OFFICE OF THE BIDS & AWARDS COMMITTEE  
REQUEST FOR QUOTATION / PROPOSAL  
Shopping [Section 52.1 (b)]**

**Date:** \_\_\_\_\_

**RFQ No.**      **0826-2020**

**P.R. No.**      **20-11-1629**

**Office / End-User:**      **Gender & Development Office  
(GAD)**

**COMPANY NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**TEL. NO./CP NO.:** \_\_\_\_\_

	<b>TERMS AND CONDITIONS</b>
<p><b>To whom it may concern:</b></p> <p>Please quote your lowest price/s on the lot or item/s below, subject to Terms and Conditions indicated herein, stating the shortest time of delivery and submit your quotation duly signed by your official representative not later than 9:00 A.M. of _____ to the BAC Office, 2F Annex Bldg., Tabaco City Hall, Tabaco City.</p> <p>1st Extension _____      Very truly yours, 2nd Extension _____</p> <p align="right"><b>ALWIN O. NUNEZ</b> Procuring Officer</p>	<ol style="list-style-type: none"> <li>1. All entries must be typewritten and legible;</li> <li>2. Bidders must submit the following <b>DOCUMENTARY REQUIREMENTS:</b>  <ol style="list-style-type: none"> <li>a.) Mayor's / Business Permit</li> <li>b.) BIR Certificate of Registration</li> <li>c.) PhilGEPS Registration No. _____</li> <li>d.) License to Operate (LTO) as Drug Wholesaler/Retailer/Distributor (Drugs and Medicines) License to Operate as Medical Supplies or Device Wholesaler/Retailer/Distributor for Medical Supplies</li> <li>e.) Brochure/Picture for Appliances, Equipments and Machineries.</li> </ol> </li> <li>3. Place your Proposal together with the documents Requirements in a sealed envelope and type the ff. details on the face of the envelope:                      Your Company / Name &amp; Address                      PhilgGEPS Reference No. &amp; PR No.                      Solicitation No.                      Closing date and time                      (Note: WE DO NOT ACCEPT PROPOSAL/QUOTATION SUBMITTED THROUGH E-MAIL)</li> <li>4. Delivery period must be at least within ten (10) calendar days upon receipt of the Notice of Award./Purchase Order (PO) or Contract.</li> <li>5. Item/s delivered must have warranties for the unit replacements, parts, labor or other services.</li> <li>6. Price validity shall be for a period of three (3) months.</li> <li>7. Quoted price must be inclusive of taxes, and other charges or fees and shall not exceed the Approved Budget for the Contract (ABC).</li> <li>8. Brand and/ or model of items offered shall be indicated across the applicable items.</li> <li>9. Bid proposal should be duly signed by the authorized representative.</li> <li>10. Transaction with the City Government of Tabaco shall mean compliance by the winning bidder with the bid and delivery requirements before the issuance of check payment.</li> <li>11. Failure to comply with these conditions shall mean disqualification of your bid proposal.</li> </ol>
<p><b>CANVASSER'S CERTIFICATION</b></p> <p>This is to certify that I have full knowledge, authority and responsibility in distributing and / or collecting the Request for Quotation in accordance with the guidelines in securing prices for the City Government of Tabaco.</p> <p align="right">_____ (Signature over Printed Name) Authorized Canvassers</p>	

<b>Project Name:</b>	Purchase of Hygiene Kit for the Promotion of Breastfeeding & Complementary Food	<b>SUPPLIER / CONTRACTOR / CONSULTANT'S PROPOSAL BOX</b>					
No.	ITEM DESCRIPTION (Item Name & Technical Specifications)	Qty	Unit	Approved Budget of the Contract (ABC)	Financial Proposal (Indicate the Price Offer)		Technical Proposal (Indicate Brand / Model Offer)
					Unit Price	Total Price	
1	Starterkit: Plastic Storage Box (12 x 12cm), Bath Towel, 70 x 140cm, 2pcs Panty, Washable Baby Diaper, Maternity Napkin, 1pc Pranel, Alcohol, 250ml, Baby Bib	495	pax	229,680.00			
<b>TOTAL (Php):</b>				<b>229,680.00</b>			

**Delivery Period:** \_\_\_\_\_ **Warranty:** \_\_\_\_\_

**SUPPLIER / CONTRACTOR / CONSULTANT'S CERTIFICATION**

Date: \_\_\_\_\_

After having carefully read and accepted your General conditions, I / We quote you on the item/s at price/s noted above for immediate delivery and shipment which can be made in \_\_\_\_\_ days from receipt of the Notice of Award.

Signature over Printed Name of the authorized representative: \_\_\_\_\_  
Telephone No / Mobile No.: \_\_\_\_\_