



Department of Agriculture
BUREAU OF FISHERIES AND AQUATIC RESOURCES
REGIONAL OFFICE NO. III
BIDS AND AWARDS COMMITTEE OFFICE
Government Center, Maimpis, City of San Fernando, Pampanga
Tel. No: (045) 455-0823 | Email: bfar3baegitnangluzon@gmail.com

REQUEST FOR QUOTATION
PROCUREMENT MODE:
S53.9 NP- Small Value Procurement

Company Name

Complete Company Address

Valid Email Address

Date: Monday, 15 July, 2024

RFQ No.: 410

PR No.: 2024-07-956

PHILGEPS Ref. No.: _____

Page No.: 1 of 1

To whom it may concern:
Please quote your lowest price/s on the lot/s or item/s listed below, subject to the General Conditions indicated herein, stating the shortest time of delivery and submit your quotation duly signed by your official representative to the address listed above not later than

Friday, 19 July, 2024 at 2:00 PM

Very truly yours,

[Signature]
GERALDINE M. SAYCO
Head, BAC Secretariat

CANVASSEER'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 Fisheries and Aquatic Resources.

[Signature]
HAZIEL JOY V. ADRIANO
AUTHORIZED CANVASSEER

PLEASE QUOTE BY: **LOT**

NO.	ITEM DESCRIPTION (ITEM NAME & TECHNICAL SPECIFICATIONS)	QTY.	UNIT	APPROVED BUDGET FOR THE CONTRACT (ABC)
	Basic Medical Kit with Organizer box	1	set	8,000.00
	INCLUSION:			
	*Plaster in variety of different sizes and shape			
	*Sterile gauze dressings			
	*Crepe rolled bandages			
	*Sterile eye dressings			
	*Triangular bandages			
	*Safety pin			
	*Disposable sterile gloves			
	*Tweezers			
	*Scissors			
	*Alcohol-free cleansing wipes			
	*Sticky tape			
	*Thermometer (digital)			
	*Skin rash			
	*Cream or spray to relieve insects bites and sting			
	*Cotton swab/buds			
	*Antiseptic cream			
	*Eye wash and eye bath			
	*Hydrogen peroxide and povidone-iodine solution			
	*Cotton balls			
	*Expiration of items should be atleast 1 year from the delivery date			
			TOTAL	

SUPPLIER/ CONTRACTOR/ CONSULTANT'S PROPOSAL BOX

FINANCIAL PROPOSAL (Indicate Price Offer)		TECHNICAL PROPOSAL (Indicate Brand/ Model Offer)
UNIT PRICE	TOTAL PRICE	

GENERAL CONDITIONS:

- ALL ENTRIES MUST BE WRITTEN **LEGIBLY AND COMPLETELY**. INCOMPLETE OR BLANK ENTRIES SHALL MEAN DISQUALIFICATION OF YOUR BID PROPOSAL
- Bidders must submit/attach the ff:
* Mayor's/Business Permit
* Professional License /Curriculum Vitae (Consulting Services)
* PhilGEPS Reg. Number
* PCAB License (For Infra.)
* Income/Business Tax Return (for ABCs above P500k)
* Notarized Omnibus Sworn Statement (for ABCs above P50k)
- Place this RFQ in a sealed envelope and indicate the following details on the face of the envelope:
* Your Company Name * RFO No. *PS Reference No.
* Address & Telefax No. * PR No. Time of Deadline
- Delivery period must be within **FIFTEEN (15)** calendar days upon receipt of Job Order/ Purchase Order (Indicate days of delivery in the Bidder's Certification Box);
- Item/s delivered must have warranties for unit replacements, parts, labor or other services;
- Price validity shall be for a period of three (3) months;
- Quoted prices must be inclusive of taxes, and other charges or fees and shall not exceed the Approved Budget for the Contract (ABC);
- Transactions with BFAR shall mean compliance by the winning bidder with the bid and delivery requirements before the issuance of check payment;
- Warranty shall be for a period of six (6) months for supplies and materials, one (1) year for equipment, from date of acceptance by the procuring entity;
- FAILURE TO COMPLY WITH THESE CONDITIONS SHALL MEAN DISQUALIFICATION OF YOUR BID PROPOSAL**
- Terms of Payment: At least Thirty (30) days upon effectivity of Job Order/Purchase Order.
- Payment will be made through direct credits to the bank accounts of the payee.

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 the **NUMBER OF DAYS I/ WE INDICATED BELOW**, from receipt of the Job Order/Purchase Order.*

DELIVERY PERIOD: _____ DAYS

Printed Name & Signature of Authorized Representative _____

Company Tel./ Fax/ Mobile No. _____

Company Tax Identification No. (TIN) _____

PHILGEPS REGISTRATION CERTIFICATE NO. _____

BANK DETAILS-ACCT NUMBER, ACCT. NAME, BRANCH _____

END-USER: JOAN GAY C. OREAS

PLACE OF DELIVERY: BFAR 3, CSFP

PROCURING UNIT: PMES-SAAD