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: bfar3bacgitnangluzon@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.:	**411**
PR No.:	**2024-07-957**
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,

GERALDINE M. SAYCO
Head, BAC Secretariat

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 Fisheries and Aquatic Resources.

HAZIEL JOY V. ADRIANO
AUTHORIZED CANVASSER

PLEASE QUOTE BY: **LOT**

NO.	ITEM DESCRIPTION (ITEM NAME & TECHNICAL SPECIFICATIONS)	QTY.	UNIT	APPROVED BUDGET FOR THE CONTRACT (ABC)	SUPPLIER/ CONTRACTOR/ CONSULTANT'S PROPOSAL BOX		
					FINANCIAL PROPOSAL (Indicate Price Offer)		TECHNICAL PROPOSAL (Indicate Brand/ Model Offer)
					UNIT PRICE	TOTAL PRICE	
	Basic Medicine (known brand)						
	*Paracetamol	**1**	**box**				
	*Loratadine	**3**	**box**				
	*Antacids	**2**	**box**				
	*Loperamide	**1**	**box**				
	*Ibuprofen	**3**	**box**				
	*Aspirin	**2**	**box**				
	*Hydrocortisone cream	**1**	**box**				
	*Cold Medicine	**3**	**box**				
	*Cough Medicine	**1**	**box**				
	*Captopril	**1**	**box**				
	***Expiration of items should be atleast 1 year from the delivery date**						
			TOTAL	**14,300.00**			

GENERAL CONDITIONS:

1. **ALL ENTRIES MUST BE WRITTEN LEGIBLY AND COMPLETELY. INCOMPLETE OR BLANK ENTRIES SHALL MEAN DISQUALIFICATION OF YOUR BID PROPOSAL**
2. 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)***
3. Place this RFQ in a sealed envelope and indicate the following details on the face of the envelope:
   **** Your Company Name*** **** RFQ No.*** **** PhilGEPS Reference No.***
   **** Address & Telefax No.*** **** PR No.*** **** Time of Deadline***
4. **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);**
5. Item/s delivered must have warranties for unit replacements, parts, labor or other services;
6. Price validity shall be for a period of three (3) months;
7. Quoted prices must be inclusive of taxes, and other charges or fees and shall not exceed the Approved Budget for the Contract (ABC);
8. Transactions with BFAR shall mean compliance by the winning bidder with the bid and delivery requirements before the issuance of check payment;
9. 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;
10. **FAILURE TO COMPLY WITH THESE CONDITIONS SHALL MEAN DISQUALIFICATION OF YOUR BID PROPOSAL**
11. Terms of Payment: At least Thirty (30) days upon effectivity of Job Order/Purchase Order.
12. Payment will be made through direct credits to the bank accounts of the payee.

END-USER:	JOAN GAY C. OREAS
PLACE OF DELIVERY:	BFAR 3, CSFP
PROCURING UNIT:	PMES-SAAD

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