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:	August 30, 2024
RFQ No.:	506
PR No.:	2024-08-1241
PHILGEPS Ref. No.:	

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, 06 September, 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.

PHILGEPS

Printed Name and Signature
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) UNIT PRICE	FINANCIAL PROPOSAL (Indicate Price Offer) TOTAL PRICE	TECHNICAL PROPOSAL (Indicate Brand/ Model Offer)
	Supply of Materials and Labor for the Rehabilitation of Provincial Fisheries Office Nueva Ecija						
1	Site Works	1	lot				
2	Masonry Works	1	lot				
3	Steel Works	1	lot				
4	Ceiling	1	lot				
5	Doors	1	lot				
6	Tile Works and Sanitary Works	1	lot				
7	Electrical Works	1	lot				
8	Paint Works	1	lot				
	Total Direct Cost:						
	Contractor's Profit (10% of TDC):						
	Sub-Total Cost (sum of TDC and CP):						
	Tax and Vat (12% of STC):						
	Total Project Cost:						
	Note: See attached specifications and layout						
	TOTAL ABC			**254,669.39**			

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)*
   **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.* ** Date & Time of Deadline*
4. **Delivery period must be within forty-five (45) 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. **FAILURE TO COMPLY WITH THESE CONDITIONS SHALL MEAN DISQUALIFICATION OF YOUR BID PROPOSAL**
10. Terms of Payment: At least Thirty (30) days upon completion of the Contract.
11. Payment will be made through checks or direct credits to Landbank account of the payee.

END-USER: GONZALO DV. COLOMA
PLACE OF DELIVERY: NUEVA ECIJA
PROCURING UNIT: PFO NUEVA ECIJA

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