



## Bid Notice Abstract

### Request for Quotation (RFQ)

**Reference Number** 8977819  
**Procuring Entity** PHILIPPINE RECLAMATION AUTHORITY  
**Title** PRINTING AND PHOTOSTATTING OF VARIOUS FORMS FOR OFFICE USE  
**Area of Delivery** Metro Manila

<b>Solicitation Number:</b>	22-08-0787	<b>Status</b>	<b>Active</b>
<b>Trade Agreement:</b>	Implementing Rules and Regulations	<b>Associated Components</b>	3
<b>Procurement Mode:</b>	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	<b>Bid Supplements</b>	0
<b>Classification:</b>	Goods	<b>Document Request List</b>	5
<b>Category:</b>	Printing Services	<b>Date Published</b>	05/09/2022
<b>Approved Budget for the Contract:</b>	PHP 77,700.00	<b>Last Updated / Time</b>	05/09/2022 00:00 AM
<b>Delivery Period:</b>	30 Day/s	<b>Closing Date / Time</b>	08/09/2022 17:00 PM
<b>Client Agency:</b>			
<b>Contact Person:</b>	Angela Rodrigo BAC Secretariat Member PNOC Bldg. 3, PNOC Compound Energy Center, Rizal Drive Bonifacio Global City Taguig City Metro Manila Philippines 63-2-84595000 Ext.7202  bac@pea.gov.ph		

#### Description

-- SEE ATTACHED QUOTATION FORM FOR THE PARTICULARS --

REQUIRED SUPPORTING DOCUMENTS (attachment to your quotation):

1. Accomplished Quotation and Specifications Form
2. PhilGEPS Registration Number
3. Valid Business/ Mayor's Permit for 2022
4. Notarized Omnibus Sworn Statement (with notarized Secretary Certificate for partnership or corporation)

Please use PDF (preferred) or IMAGE file extension for email submission.

Good day!

May we invite you to submit a quotation for the above-mentioned requirements of Philippine Reclamation Authority (PRA).

Please fill up the attached quotation form and submit the same with the required supporting documents. You can send it in hardcopy to PRA Temporary Office Located at:

Bldg. 3 PNOC Compound

Energy Center, Rizal Drive  
Bonifacio Global City  
Fort Bonifacio, Taguig City

You may also email your proposal to [bac@pea.gov.ph](mailto:bac@pea.gov.ph) for the attention of BAC Secretariat. Online submission is preferred. Kindly check our website at <http://www.pea.gov.ph> for announcement of office hours during the community quarantine.

Quotation must be submitted on or before the quotation closing date as shown above. Quotation received with incomplete requirements and those received after the closing date will not be accepted. You may write your queries and concerns to [bac@pea.gov.ph](mailto:bac@pea.gov.ph).

**Other Information**

Email [bac@pea.gov.ph](mailto:bac@pea.gov.ph) for your online submission or queries related to this procurement. The advertisement is also posted at [www.pea.gov.ph](http://www.pea.gov.ph).

**Created by** Angela Rodrigo

**Date Created** 02/09/2022

The PhilGEPs team is not responsible for any typographical errors or misinformation presented in the system. PhilGEPs only displays information provided for by its clients, and any queries regarding the postings should be directed to the contact person/s of the concerned party.



**Republic of the Philippines**  
**OFFICE OF THE PRESIDENT**  
**PHILIPPINE RECLAMATION AUTHORITY**

7<sup>th</sup> floor, Legaspi Towers 200 Bldg., 107 Pasco De Roxas St., Legaspi Village, 1226 City of Makati  
 Tel. No.: (02) 459-5000 • Facsimile No.: (02) 815-2662  
 Website: www.pea.gov.ph • Email: info@pea.gov.ph

**REQUEST FOR QUOTATION (Small Value Procurement)**

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

Project Name:	<b>PRINTING AND PHOTOSTATting OF VARIOUS FORMS FOR OFFICE USE</b>	PhilGEPS Ref. No.:	<b>8977819</b>
		Approved Budget for the Contract (ABC):	<b>₱ 77,700.00 ONLY</b>
		Closing Date:	<b>08 SEPT 2022</b>

**INSTRUCTIONS:**

<ol style="list-style-type: none"> <li>1. Do not alter the contents of this form in any way.</li> <li>2. Bidder shall provide correct and accurate information required in this form.</li> <li>3. Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by the duly authorized representative.</li> <li>4. If another form is used other than this RFQ, the quotation shall contain all the mandatory requirements/provisions including manifestation on the agreement with the Terms and Conditions of this RFQ.</li> <li>5. Quote your lowest net government price(s), taxes included, F. O. B. destination, for the item(s)/service(s) listed hereunder, indicating the shortest time of delivery and furnishing this Office with descriptive brochures, catalogues (if available), and/or samples (if required).</li> <li>6. Indicate the brand name of the offered item/s (if applicable).</li> <li>7. The Technical Specifications must be complied with. Failure to do so shall render the quotation ineligible/disqualified.</li> <li>8. For <b>EXCLUSIVE MANUFACTURER, DISTRIBUTOR OR AGENT IN THE PHILIPPINES</b>, attach appropriate documents to the said effect.</li> <li>9. E-mail duly accomplished form to bac@pea.gov.ph or submit said form to PRA Office (BAC Secretariat). <b>ONLINE SUBMISSION IS PREFERRED.</b></li> <li>10. Quotations, including documentary requirements, received after the Closing Date/Deadline shall not be accepted.</li> <li>11. Quotations exceeding the Approved Budget for the Contract (ABC) shall be rejected.</li> </ol>	<p><b><u>ATTACH THE FOLLOWING DOCUMENTS WITH YOUR QUOTATION</u></b></p> <ul style="list-style-type: none"> <li>✓ Valid PhilGEPS Registration Number</li> <li>✓ Mayor's/Business Permit for 2022</li> <li>✓ Notarized Omnibus Sworn Statement (With Secretary Certificate for partnership/ corporation)</li> </ul> <p><i>(Per 2016 Revised IRR of R.A. 9184)</i></p>
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**SUPPLIER INFORMATION (Fill-out completely):**

Company Name:		PhilGEPS Reg. No.:	
		TIN:	
Address and Website		Email Address:	
		Contact Number:	

**OFFICIAL QUOTATION FROM THE SUPPLIER:**

NO.	QTY.	UNIT	DESCRIPTION	BRAND NAME (if applicable)	UNIT PRICE*	TOTAL PRICE (Unit Price x Qty)*
1.	35	ream	DISPATCH TRIP MONITORING REPORT			
2.	35	ream	EMPLOYEE LOG SHEET			
3.	10	ream	VEHICLE REPAIR REQUEST ORDER			
4.	10	ream	WORK ORDER FORM			
5.	15	ream	TRIP REPORT FORM			
7.	5	ream	LETTERHEAD (PAGE 1)			
8.	5	ream	LETTERHEAD (PAGE 2)			

Quoted by:

Signature Over Printed Name of Authorized Representative :		Position:	
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			<b>See Technical Specifications below</b>			
			Delivery within 30 calendar days Delivery address: <i>PEA Tollway Compound, Aguinaldo Blvd, Coastal Road Paranaque City</i>			
<b>GRAND TOTAL IN PHILPPINE PESO:</b>						

\*Note: Amount shall be inclusive of **taxes and delivery charges** (if applicable).

**TERMS AND CONDITIONS** (Fill-out completely the required information):

- Payment shall be in the form of **Company Check** and price validity shall be **45 calendar days**.
- Availability of item/s:
  - Delivery Within 30 calendar days (c.d.) upon
  - Pick-up receipt of Purchase Order (P.O.)
- For Goods, the item/s shall be inspected on the scheduled date and time of the Procuring Unit.
- Warranty period:
  - Not Applicable
  - Applicable warranty period shall be \_\_\_\_\_.
- Indicate if quotation is:
  - VAT INCLUSIVE
  - NON-VAT (**ATTACH CERTIFICATION**)
- Suppliers must download the attached document of a bid before the closing date to be included in the Document Request List (DRL). Suppliers must be registered in PhilGEPS.
- Supplier must be ready to provide proof of compliance (pictures, brochure, certification, etc.) and sample when required by the BAC for evaluation purposes.
- By submitting this quotation, supplier is authorizing PRA to deduct the following from the total amount as payment for taxes:

	GOODS				SERVICES			
	EXPANDED W/ TAX	TAX CERTIFICATE	FINAL VAT	TAX CERTIFICATE	EXPANDED W/ TAX	TAX CERTIFICATE	FINAL VAT	TAX CERTIFICATE
VATABLE	1%	BIR Form 2307	5%	BIR Form 2307	2%	BIR Form 2307	5%	BIR Form 2307
NON-VAT	1%	BIR Form 2307	1%	BIR Form 2306	2%	BIR Form 2307	1%	BIR Form 2306

**TECHNICAL SPECIFICATIONS**

MINIMUM SPECIFICATIONS	COMPLY / NOT COMPLY	REMARKS
<b>PRINTING AND PHOTOSTATting OF VARIOUS FORMS FOR OFFICE USE</b> Purpose: For Admin Shuttle driver use; Letterhead for office use.		
<b>1. DISPATCH TRIP MONITORING REPORT, 35 reams</b> Paper Size: A4 Material: Newsprint Back to back print See Sample 1		
<b>2. EMPLOYEE LOG SHEET, 35 reams</b> Paper Size: A4 Material: Newsprint See Sample 2		

<b>3. VEHICLE REPAIR REQUEST ORDER, 10 reams</b> Paper Size: A4 Material: Newsprint See Sample 3		
<b>4. WORK ORDER FORM, 10 reams</b> Paper Size: A4 Material: Newsprint See Sample 4		
<b>5. TRIP REPORT FORM, 15 reams</b> Paper Size: A4 Material: Newsprint Back-to-Back Print See Sample 5		
<b>6. LETTERHEAD (PAGE 1), 5 reams</b> Paper Size: A4 Material: Conqueror See Sample 7		
<b>7. LETTERHEAD (PAGE 2), 5 reams</b> Paper Size: A4 Material: Conqueror See Sample 8		
DELIVERY DETAILS: Delivery within 30 calendar days Delivery address: <i>PEA Tollway Compound, Aguinaldo Blvd, Coastal Road Paranaque City</i>		

Quoted by:

Signature Over Printed Name of Authorized Representative :		Position:	
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# PEA TOLLWAY CORPORATION

## PRE OPERATION DAILY CHECKLIST

### ENGINE / BODY

	Out	In	Remarks		Out	In	Remarks
Radiator	<input type="checkbox"/>	<input type="checkbox"/>	_____	Windshield	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oil	<input type="checkbox"/>	<input type="checkbox"/>	_____	Fron windows & Doors	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fuel	<input type="checkbox"/>	<input type="checkbox"/>	_____	Side Mirror	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tires	<input type="checkbox"/>	<input type="checkbox"/>	_____	Rear Windows & Doors	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fluids	<input type="checkbox"/>	<input type="checkbox"/>	_____	Wiper	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spare Tire	<input type="checkbox"/>	<input type="checkbox"/>	_____	Fron & Rear Bumper	<input type="checkbox"/>	<input type="checkbox"/>	_____

### LIGHTING / ELECTRICAL SYSTEM

	Out	In	Remarks		Out	In	Remarks
Battery	<input type="checkbox"/>	<input type="checkbox"/>	_____	Blinker	<input type="checkbox"/>	<input type="checkbox"/>	_____
Headlights	<input type="checkbox"/>	<input type="checkbox"/>	_____	Siren	<input type="checkbox"/>	<input type="checkbox"/>	_____
Park Light	<input type="checkbox"/>	<input type="checkbox"/>	_____	Light bar	<input type="checkbox"/>	<input type="checkbox"/>	_____
Signal Light	<input type="checkbox"/>	<input type="checkbox"/>	_____	Base Radio	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reverse Light	<input type="checkbox"/>	<input type="checkbox"/>	_____				

### STANDARD TOOL KIT

	Out	In	Remarks		Out	In	Remarks
1pc Plier	<input type="checkbox"/>	<input type="checkbox"/>	_____	Mechanical Jack	<input type="checkbox"/>	<input type="checkbox"/>	_____
1pc Flat Screw Driver	<input type="checkbox"/>	<input type="checkbox"/>	_____	Toolbox	<input type="checkbox"/>	<input type="checkbox"/>	_____
1pc Philips Screw Driver	<input type="checkbox"/>	<input type="checkbox"/>	_____	Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tire Wrench	<input type="checkbox"/>	<input type="checkbox"/>	_____	Warning Device	<input type="checkbox"/>	<input type="checkbox"/>	_____
Open Wrench 12x14	<input type="checkbox"/>	<input type="checkbox"/>	_____	Umbrella	<input type="checkbox"/>	<input type="checkbox"/>	_____
Open Wrench 10x8	<input type="checkbox"/>	<input type="checkbox"/>	_____				

### DOCUMENTS

	Out	In	Remarks		Out	In	Remarks
Badge Card	<input type="checkbox"/>	<input type="checkbox"/>	_____	Fleet Card	<input type="checkbox"/>	<input type="checkbox"/>	_____
OR / CR	<input type="checkbox"/>	<input type="checkbox"/>	_____	Drivers Licensed ID	<input type="checkbox"/>	<input type="checkbox"/>	_____

### Pre-trip Safety Inspection REMINDER

<input type="checkbox"/>	BRAKES	fluid level and function (add fluid as needed)
<input type="checkbox"/>	LIGHTS	wiper, horn and battery (add distilled water as needed)
<input type="checkbox"/>	OIL	condition (fluidity) and level (between high and low mark)
<input type="checkbox"/>	WATER	level on radiator reservoir and windshield (add water as needed)
<input type="checkbox"/>	FUEL	level fill up when gauge is at 1/4 level
<input type="checkbox"/>	AIR	pressure on tires, including spare, inflate to correct pressure as needed
<input type="checkbox"/>	APPEARANCE	maintain cleanliness of your unit
<input type="checkbox"/>	DOCUMENTS	copies of registration (OR/CR), LTO stickers, your drivers license

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# PEA TOLLWAY CORPORATION SHUTTLE LOG SHEET

DRIVER'S NAME: \_\_\_\_\_

PLATE #: \_\_\_\_\_

TIME	NAME	DEPARTMENT	SIGNATURE
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
16	_____	_____	_____
17	_____	_____	_____
18	_____	_____	_____
19	_____	_____	_____
20	_____	_____	_____
21	_____	_____	_____
22	_____	_____	_____









# PEA TOLLWAY CORPORATION

## VEHICLE CHECKLIST

### ENGINE / BODY

	Out	In	Remarks		Out	In	Remarks
Radiator	<input type="checkbox"/>	<input type="checkbox"/>	_____	Windshield	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oil	<input type="checkbox"/>	<input type="checkbox"/>	_____	Front windows & Doors	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water	<input type="checkbox"/>	<input type="checkbox"/>	_____	Front & Rear Bumper	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fuel	<input type="checkbox"/>	<input type="checkbox"/>	_____	Side Mirror	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tires	<input type="checkbox"/>	<input type="checkbox"/>	_____	Rear Windows & Doors	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fluids	<input type="checkbox"/>	<input type="checkbox"/>	_____	Wiper	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Spare Tire	<input type="checkbox"/>	<input type="checkbox"/>	_____

### LIGHTING / ELECTRICAL SYSTEM

	Out	In	Remarks		Out	In	Remarks
Battery	<input type="checkbox"/>	<input type="checkbox"/>	_____	Blinker	<input type="checkbox"/>	<input type="checkbox"/>	_____
Headlights	<input type="checkbox"/>	<input type="checkbox"/>	_____	Siren	<input type="checkbox"/>	<input type="checkbox"/>	_____
Park Light	<input type="checkbox"/>	<input type="checkbox"/>	_____	Light bar	<input type="checkbox"/>	<input type="checkbox"/>	_____
Signal Light	<input type="checkbox"/>	<input type="checkbox"/>	_____	Base Radio	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reverse Light	<input type="checkbox"/>	<input type="checkbox"/>	_____				

### STANDARD TOOL KIT

	Out	In	Remarks		Out	In	Remarks
Traffic Cones	<input type="checkbox"/>	<input type="checkbox"/>	_____	Warning Device	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cross Wrench	<input type="checkbox"/>	<input type="checkbox"/>	_____	Katsa	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mechanical Jack	<input type="checkbox"/>	<input type="checkbox"/>	_____	Manikita	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	_____	Broomstick	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spare Tire	<input type="checkbox"/>	<input type="checkbox"/>	_____	Ringbouy w/ Rope	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water Container	<input type="checkbox"/>	<input type="checkbox"/>	_____	Life Jacket	<input type="checkbox"/>	<input type="checkbox"/>	_____

### DOCUMENTS

	Out	In	Remarks		Out	In	Remarks
Badge Card	<input type="checkbox"/>	<input type="checkbox"/>	_____	Fleet Card	<input type="checkbox"/>	<input type="checkbox"/>	_____
OR / CR	<input type="checkbox"/>	<input type="checkbox"/>	_____	Drivers Licensed ID	<input type="checkbox"/>	<input type="checkbox"/>	_____



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**Republic of the Philippines**  
**OFFICE OF THE PRESIDENT**  
**PEA TOLLWAY CORPORATION**

*A Subsidiary of the*  
**PHILIPPINE RECLAMATION AUTHORITY**

*Operator of the*  
**MANILA – CAVITE Toll Expressway**





## Omnibus Sworn Statement (Revised)

*[shall be submitted with the Bid]*

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REPUBLIC OF THE PHILIPPINES )  
CITY/MUNICIPALITY OF \_\_\_\_\_ ) S.S.

### AFFIDAVIT

I, [Name of Affiant], of legal age, [Civil Status], [Nationality], and residing at [Address of Affiant], after having been duly sworn in accordance with law, do hereby depose and state that:

1. *[Select one, delete the other:]*

*[If a sole proprietorship:]* I am the sole proprietor or authorized representative of [Name of Bidder] with office address at [address of Bidder];

*[If a partnership, corporation, cooperative, or joint venture:]* I am the duly authorized and designated representative of [Name of Bidder] with office address at [address of Bidder];

2. *[Select one, delete the other:]*

*[If a sole proprietorship:]* As the owner and sole proprietor, or authorized representative of [Name of Bidder], I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached duly notarized Special Power of Attorney;

*[If a partnership, corporation, cooperative, or joint venture:]* I am granted full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached [state title of attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate, Board/Partnership Resolution, or Special Power of Attorney, whichever is applicable)];

3. [Name of Bidder] is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board, **by itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity as defined and provided for in the Uniform Guidelines on Blacklisting;**

4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;

5. [Name of Bidder] is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;

6. *[Select one, delete the rest:]*

*[If a sole proprietorship:]* The owner or sole proprietor is not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical

Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

*[If a partnership or cooperative:]* None of the officers and members of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

*[If a corporation or joint venture:]* None of the officers, directors, and controlling stockholders of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

7. *[Name of Bidder]* complies with existing labor laws and standards; and
8. *[Name of Bidder]* is aware of and has undertaken the responsibilities as a Bidder in compliance with the Philippine Bidding Documents, which includes:
  - a. Carefully examining all of the Bidding Documents;
  - b. Acknowledging all conditions, local or otherwise, affecting the implementation of the Contract;
  - c. Making an estimate of the facilities available and needed for the contract to be bid, if any; and
  - d. Inquiring or securing Supplemental/Bid Bulletin(s) issued for the *[Name of the Project]*.
9. *[Name of Bidder]* did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.
10. **In case advance payment was made or given, failure to perform or deliver any of the obligations and undertakings in the contract shall be sufficient grounds to constitute criminal liability for Swindling (Estafa) or the commission of fraud with unfaithfulness or abuse of confidence through misappropriating or converting any payment received by a person or entity under an obligation involving the duty to deliver certain goods or services, to the prejudice of the public and the government of the Philippines pursuant to Article 315 of Act No. 3815 s. 1930, as amended, or the Revised Penal Code.**

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_ day of \_\_, 20\_\_ at \_\_\_\_\_, Philippines.

*[Insert NAME OF BIDDER OR ITS AUTHORIZED REPRESENTATIVE]*

*[Insert signatory's legal capacity]*

Affiant

**[Jurat]**

*[Format shall be based on the latest Rules on Notarial Practice]*