



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

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**REQUEST FOR QUOTATION (Shopping)**

|                             |                                  |   |                          |
|-----------------------------|----------------------------------|---|--------------------------|
| <b>PROJECT INFORMATION:</b> |                                  | Approved Budget for the Contract (ABC): | <b>₱ 558,000.00 ONLY</b> |
| Project Name:               | <b>KN95 RESPIRATOR FACE MASK</b> | Quotation Issue Date:                   | <b>08 MAY 2023</b>       |
| PhilGEPS Ref. No.:          | <b>9728861</b>                   | Quotation Closing Date:                 | <b>11 MAY 2023</b>       |

**SUPPLIER INFORMATION (Fill-out completely):**

|               |  |                    |  |
|---------------|--|--------------------|--|
| Company Name: |  | PhilGEPS Reg. No.: |  |
|               |  | TIN:               |  |
| Address:      |  | Email Address:     |  |
|               |  | Contact Number:    |  |

**INSTRUCTIONS:**

|  |  |
|--|--|
| <ol style="list-style-type: none"><li>Do not alter the contents of this form in any way.</li><li>Bidder shall provide correct and accurate information required in this form <b>AND SIGN ALL PAGES</b>.</li><li>Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by the duly authorized representative.</li><li>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>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>Indicate the brand name of the offered item/s (if applicable).</li><li>Indicate compliance of the Technical Specifications. Non-compliant proposals shall render the quotation ineligible/disqualified.</li><li>For <b>EXCLUSIVE MANUFACTURER, DISTRIBUTOR OR AGENT IN THE PHILIPPINES</b>, attach appropriate documents to the said effect.</li><li>E-mail duly accomplished form and documentary requirements to bac@pea.gov.ph or submit them in hard copy to PRA Office (BAC Secretariat).</li><li>Quotations, including documentary requirements, received after the <b>Quotation Closing Date</b> shall not be accepted.</li><li>Quotations exceeding the Approved Budget for the Contract (ABC) shall be rejected.</li></ol> | <b>ATTACH THE FOLLOWING DOCUMENTS WITH YOUR QUOTATION</b><br><br>✓ Valid PhilGEPS Registration Number<br>✓ Valid Mayor's/Business Permit<br><br><i>(Per 2016 Revised IRR of R.A. 9184)</i> |
|--|--|

**OFFICIAL QUOTATION FROM THE SUPPLIER:**

| NO.  | QTY.   | UNIT  | DESCRIPTION   | BRAND NAME<br>(if applicable) | UNIT PRICE* | TOTAL PRICE<br>(Unit Price x Qty)* |
|--|--------|-------|---|-------------------------------|-------------|------------------------------------|
| 1.   | 55,800 | piece | <b>KN95 RESPIRATOR FACE MASK</b><br>Delivery within 15 calendar days<br>Delivery address:<br><i>Bldg. 3 PNO Compound<br/>Energy Center, Rizal Drive<br/>Bonifacio Global City<br/>Fort Bonifacio, Taguig City</i> |                               |             |                                    |
|  |        |       | --nothing follows--   |                               |             |                                    |
| <b>GRAND TOTAL IN PHILIPPINE PESO*:</b><br><i>Proposal exceeding the ABC shall be automatically disqualified and shall not be evaluated.</i> |        |       |   |                               |             |                                    |

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

|                             |                  |      |
|-----------------------------|------------------|------|
| Authorized Representative:  | (Sign ALL Pages) |      |
| Signature Over Printed Name | Position         | Date |

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

1. Payment shall be in the form of **Company Check** and price validity shall be **45 calendar days**.
2. Availability of item/s:
  - Delivery Within 15 calendar days (c.d.) upon
  - Pick-up receipt of Purchase Order (P.O.)
3. For Goods, the item/s shall be inspected on the scheduled date and time of the Procuring Unit.
4. Warranty period:
  - Not Applicable
  - Applicable warranty period shall be \_\_\_\_\_.
5. Indicate if quotation is:
  - VAT INCLUSIVE
  - NON-VAT (**ATTACH CERTIFICATION**)
6. 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.
7. Supplier must be ready to provide proof of compliance (pictures, brochure, certification, etc.) and sample when required by the BAC for evaluation purposes.
8. 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 |
| VARIABLE | 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**

*Bidder must indicate compliance with the requirements listed in the table below:*

| MINIMUM SPECIFICATIONS  | COMPLY / NOT COMPLY | REMARKS |
|---|---------------------|---------|
| <b>KN95 RESPIRATOR FACE MASK</b><br>55,800 pieces <ul style="list-style-type: none"> <li>• Non-Oil</li> <li>• Universal Size</li> <li>• No Exhalation Valve</li> <li>• Flared soft edges to fit the facial contour and it can fit a wide range of face sizes</li> <li>• Adjustable nose clip ensures an excellent individual fit and secure positioning.</li> <li>• Soft material edges prevent uncomfortable pressure points.</li> <li>• FDA AND CE Certified</li> </ul> |                     |         |
| -= <i>nothing follows</i> =-  |                     |         |

|                                   |                  |
|-----------------------------------|------------------|
| Authorized Representative: _____  | (Sign ALL Pages) |
| Signature Over Printed Name _____ | Position _____   |
|                                   | Date _____       |