



Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number 9763176
Procuring Entity PHILIPPINE RECLAMATION AUTHORITY
Title SURGICAL FACE MASK
Area of Delivery Metro Manila

Solicitation Number: 23-03-0302	Status	Active
Trade Agreement: Implementing Rules and Regulations		
Procurement Mode: Shopping - Ordinary/Regular Office Supplies & Equipment (Sec. 52.1.b)	Associated Components	1
Classification: Goods	Bid Supplements	0
Category: Medical Supplies and Laboratory Instrument		
Approved Budget for the Contract: PHP 186,000.00	Document Request List	3
Delivery Period: 7 Day/s		
Client Agency:	Date Published	18/05/2023
Contact Person: 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	Last Updated / Time	18/05/2023 00:00 AM
	Closing Date / Time	22/05/2023 17:00 PM

Description

-- SEE ATTACHED QUOTATION FORM FOR THE PARTICULARS ==

ATTACH THE FOLLOWING DOCUMENTS WITH YOUR QUOTATION:

1. Valid PhilGEPS Registration Number
2. Valid Mayor's/Business Permit

NOTE: 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 out the attached quotation form and submit the same with the required supporting documents. You may 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 for the attention of BAC Secretariat. 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.

Line Items

Item No.	Product/Service Name	Description	Quantity	UOM	Budget (PHP)
1	SURGICAL FACE MASK	See Quotation Form with Specs	2,400	Box	186,000.00

Other Information

Email bac@pea.gov.ph for your online submission or queries related to this procurement. The advertisement is also posted at www.pea.gov.ph.

Submission of proposals in hardcopy is at:

Bldg. 3 PNO Compound
Energy Center, Rizal Drive
Bonifacio Global City
Fort Bonifacio, Taguig City

Created by Angela Rodrigo

Date Created 17/05/2023

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

7th floor, Legaspi Towers 200 Bldg., 107 Paseo 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 (Shopping)

PROJECT INFORMATION:		Approved Budget for the Contract (ABC):	₱ 186,000.00 ONLY
Project Name:	SURGICAL FACE MASK	Quotation Issue Date:	18 MAY 2023
PhilGEPS Ref. No.:	9763176	Quotation Closing Date:	22 MAY 2023

SUPPLIER INFORMATION (Fill-out completely):

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

INSTRUCTIONS:

<ol style="list-style-type: none"> 1. Do not alter the contents of this form in any way. 2. Bidder shall provide correct and accurate information required in this form AND SIGN ALL PAGES. 3. Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by the duly authorized representative. 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. 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). 6. Indicate the brand name of the offered item/s (if applicable). 7. Indicate compliance of the Technical Specifications. Non-compliant proposals shall render the quotation ineligible/disqualified. 8. For EXCLUSIVE MANUFACTURER, DISTRIBUTOR OR AGENT IN THE PHILIPPINES, attach appropriate documents to the said effect. 9. E-mail duly accomplished form and documentary requirements to bac@pea.gov.ph or submit them in hard copy to PRA Office (BAC Secretariat). 10. Quotations, including documentary requirements, received after the Quotation Closing Date shall not be accepted. 11. Quotations exceeding the Approved Budget for the Contract (ABC) shall be rejected. 	<p>ATTACH THE FOLLOWING DOCUMENTS WITH YOUR QUOTATION</p> <ul style="list-style-type: none"> ✓ Valid PhilGEPS Registration Number ✓ Valid Mayor's/Business Permit <p><i>(Per 2016 Revised IRR of R.A. 9184)</i></p>
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OFFICIAL QUOTATION FROM THE SUPPLIER:

NO.	QTY.	UNIT	DESCRIPTION	BRAND NAME (if applicable)	UNIT PRICE*	TOTAL PRICE (Unit Price x Qty)*
1.	2400	box	SURGICAL FACE MASK, 3 PLY 50 PCS/BOX			
			Delivery within seven (7) calendar days Delivery address: PEA Tollway Compound Aguinaldo Blvd, Coastal Road Paranaque City			
GRAND TOTAL IN PHILIPPINE PESO*:						
<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 7 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
-no additional requirements-		

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