



<b>MODE OF PROCUREMENT: SMALL VALUE PROCUREMENT</b>		RFQ No. : <b>2019-467</b>
Name of Procuring Entity:	DILG	Date: August 6, 2019
Office/End User:	MEDICAL/ DENTAL CLINIC	
Company Name		
Address		
PhilGEPS Registration No.		

Please quote your lowest price for the requirements listed hereunder subject to the Terms and Conditions stated below and submit to this office duly signed.

- TERMS AND CONDITIONS:**
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| <ol style="list-style-type: none"> <li>Bidders shall provide correct and accurate information required in this form.</li> <li>Bidders may quote for any or all items.</li> <li>Price quotation(s) must be valid for a period of 60 calendar days from the date of submission.</li> <li>Price quotation(s) to be denominated in Philippine Peso shall include all taxes duties and/or levies payable.</li> <li>Quotations exceeding the Approved Budget for the Contract (ABC) shall be rejected.</li> <li>Award of contract shall be made to the lowest quotation (for goods) or the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.</li> </ol> | <ol style="list-style-type: none"> <li>Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by the supplier or its authorized representative(s).</li> <li>The DILG shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.</li> <li>Liquidated damages equivalent to one-tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. The DILG shall rescind the contract once the cumulative amount of liquidated damages prejudice to other courses of action and reaches ten (10) percent of the amount of the contract, without remedies open to it.</li> </ol> |
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<b>APPROVED BUDGET FOR THE CONTRACT (ABC):</b> <b>Php 400,000.00</b>	 <b>ELNORA A. VELASCO</b> Chief, General Services Division
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Item No.	ITEM DESCRIPTION	QTY.	UNIT	ABC PER ITEM	PRICE PER UNIT
1	<b>VACCINE</b> Quadrivalent Influenza (vaccine type A & B subvirion) Southern Hemisphere WHO recommended, 4 strain  Note: Provide us manpower, one (1) doctor, two (2) nurses. alcohol pads, plaster strips, sharps bins, consent form and vaccination record for flu vac.  xxxxxxxxxxxxxxxxxxxxxxxx  REF: PR No. 2019-572 dated August 6, 2019 PUR: use for DILG Personnel  Note: I. In order to be eligible for this procurement, suppliers/service providers <b>MUST SUBMIT TOGETHER</b> with the quotation/proposal the following eligibility requirements.  1. Valid Business Permit for 2019 2. PhilGEPS Registration No. (Please indicate on the space provided above) 3. Accomplished and Notarized Omnibus Sworn Statement 4. Others: a. Any documents to prove that the signatory of the quotation is authorized representative of the company, or b. Photocopy of ID bearing the pictures/ signature of the representatives.  <b>Other Instruction:</b> * Please submit your quotation using our official Request for Quotation (RFQ) Form. You can secure a copy of the said RFQ to Procurement Section, General Services Division, Administrative Service, DILG.  <b>Deadline:</b> *Please submit your quotation/s in <b>SEALED ENVELOPE/S on/or before August 13, 2019 at 8:00 am</b> addressed to the DILG Shopping and Negotiated Procurement Committee (SNPC). Non inclusion of Eligibility Documents inside the envelope will be ground for Disqualification.	500	pfs	800.00	

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<b>Warranty</b>	<b>Price Validity</b>
After having carefully read and accepted your General Conditions, I/WE quote on the item(s) at prices noted above.	

Reference No: 6378107  
 P.D: Aug 8, 2019  
 C.D. Aug 13, 2019

Printed Name/Signature/Date  
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 Tel. No./Cellphone No.