Civil Service Commission
Constitution Hills, Batasang Pambansa Complex Diliman, Quezon City
931-7935; 931-7939; 931-8092 Loc. 508

REQUEST FOR QUOTATION

RFQ No.	:	2024-067 NP SVP
Date:	:	April 11, 2024
PR No./End-User	:	2024-03-0300 & 2024-02-0235/ OAC-SAS

Company Name	:
Address :	:
Tel No. & Fax No.	:
Mobile No.	:
PhilGEPS Reg. No.	:
TIN No.	:

Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in **Annex A**. Also, furnish us with descriptive brochures, catalogues, literatures and/or samples, if applicable.

If you are the exclusive manufacturer, distributor or agent in the Philippines for the goods listed in Annex A **please attach in your quotation a duly notarized certification to this effect.**

Prospective service provider who will submit a proposal with the lowest calculated and responsive offer shall be selected. **As a condition for award**, you will be required to submit a copy of your *Mayor's/Business Permit**, together with your proposal. The updated *Certification Platinum Membership** may be submitted in lieu of the Mayor's/Business Permit and PhilGEPS Registration Number. **If awarded**, please be advised that **you must conform first the PO prior to the date of event/delivery/installation.**

Please accomplish and submit this form and all the **required documents** to Procurement Management Division - OFAM, Basement, Civil Service Commission, Constitution Hills, Quezon City or fax it through number **931-8029** or email to **csc.ofam.pmd@gmail.com** not later than **3:00 P.M. of 17 April 2024 2024**.

PEARLIE ANN S. RAMOS
Procurement Officer
Procurement Management Division
Office for Financial & Assets Management (OFAM)

PRESENTACION M. GAJES
Supervising Administrative Officer
Procurement Management Division
Office for Financial & Assets Management (OFAM)

TERMS AND CONDITIONS:

1. Award shall be made on per: ☐ **Item Basis**   ☐ **Lot Basis**   ☑ **Total Quoted Price**
2. Goods/Services shall be rendered on _____ within seven (7) working days upon P.O. Conforme
3. Place of Delivery: _____ CSC-Central Office, Batasan Pambansa Complex, Constitution Hills, Quezon City
4. Please indicate Warranty: _____ One (1) year warranty on parts and sevice
5. Technical specification with asterisks (*) are mandatory. **For goods,** please indicate brand, model and country of origin**.**
6. Bidders shall provide **correct and accurate information** required in this form.
7. Quotations exceeding the Approved Budget for the contract shall be rejected.
8. Price quotation/s must be valid for a period of **thrity (30) calendar days** from the date of submission.
9. Terms of Payment: **within 15-30 days upon complete submission of supporting documents.**
10. Payment shall be made through Land Bank's **LDDAP-ADA (List of Due and Demandable Accounts Payable-Advise to Debit Account)./Bank Transfer Facility.**
    Account Name: _____   **Account Number:** _____
    Bank Name: _____   **Branch:** _____
    "**Note: Non-Land Bank of the Philippines accounts shall be charged a service fee.**
11. Liquidated Damages/Penalty: **amount of the liquidated damages shall be at least equal to one-tenth of one percent (0.001) of the cost of the unperformed portion for every day of delay. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, the Procuring Entity may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances.**
12. In case of discrepancy between unit cost and total cost, unit cost shall prevail.
13. In case of a tie, the contract shall be awarded to the supplier or service provider who first submitted its quotation.
14. Prospective supplier must not be blacklisted by the PhilGEPS-DBM as appeared in their "List of Blacklisted Bidders".
15. **NOTE: "Prospective supplier must be registered at the Philippine Government Electronic Procurement System (PhilGEPS). You may visit the PhilGEPS website at www.philgeps.gov.ph and register for free."**

_____
Printed Name/Signature
Authorized Representative of the Service Provider