

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

REQUEST FOR QUOTATION

RFQ No. : 2024-213 NP SVP
Date: : August 16, 2024
PR No./End-User : 2024-08-1242 / PAIO

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, PHILGEPS Registration Certificate, and Notarized Omnibus Sworn Statement** 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 **03:00 P.M. of 21 August 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 September 18, 2024
3. Place of Delivery: CSC-Central Office, Batasan Pambansa Complex, Constitution Hills, Quezon City
4. Please indicate Warranty: _____
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 **thirty (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