Civil Service Commission
Constitution Hills, Batasang Pambansa Complex Diliman, Quezon City

REQUEST FOR QUOTATION

RFQ No.	:	**2023-154 NP SVP**
Date:	:	August 29, 2023
PR No./End-User	:	2023-08-1095/ 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 supplier who will submit a proposal with the lowest calculated and responsive offer / quotation shall be selected. **As a condition for award**, the selected supplier will be required to submit a copy of its **updated PhilGEPS Registration** or **Mayor's / Business Permit**, whichever is applicable, or both, as the case maybe. The updated ***Certification Platinum Membership** may be submitted in lieu of the Mayor's/Business Permit. **If awarded,** the supplier will be required to submit a **duly notarized Omnibus Sworn Statement** in accordance with the attached format (Annex B), together with the *signed copy of Purchase Order (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 PM of September 4, 2023.**

PEARLIE ANN S. RAMOS	**SAM V. MANGLICMOT**
Procurement Officer	Chief Administrative Officer
931-7935; 931-7939; 931-8092 Loc. 508	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 OCTOBER 2023**
3. Place / time 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 **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