Civil Service Commission

Constitution Hills, Batasan Pambansa Complex Diliman, Quezon City

REQUEST FOR QUOTATION

		RFQ No.	:	2023-085
		Date:	:	5/18/2023
		PR No./End-User	:	2023-05-0583 (OHRMD)
Company Name	:			
Address :	:			
Tel No. & Fax No.	:			
Mobile No. / E-Mail	:			
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, you 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 25 May 2023 @ <u>9:00 a.m</u>.

				SAM V. MANGLICMOT						
-	EDGARDO M. WYCO 931-7935; 931-7939; 931-8092 Loc. {	508	Chief Administrative Officer Office for Financial & Assets Management (OFAM							
TEF	MS AND CONDITIONS:									
1.	Award shall be made on per:	Item Basis	Lot Basis	Total Quoted Price						
2.	Goods/Services shall be rendered on									
3.	Place / time of Delivery: Civil Service Commission, Constitution Hills, Quezon City - OFAM - Lower Ground Floor / 8-12AM-1-4PM - Agreed Time									
4.	Please indicate Warranty:									
5.	Technical specification with asterisks (*) are mandatory. For goods	, please indicate brand, model and count	ry of origin.						
6.	Bidders shall provide correct and acc	urate information required ir	n 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 Transfer Facility.	Bank's LDDAP-ADA (List of	Due and Demandable Accounts Paya	ble-Advise to Debit Account)./Bank						
	Account Name:		Account Number:							
	Bank Name:		Branch:							
	"Note: Non-Land Bank of the Philippines accounts shall be charged a service fee.									
11.										
12.	In case of discrepancy between unit co	st and total cost, unit cost sha	all prevail.							
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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

Annex A

Civil Service Commission

Constitution Hills, Batasang Pambansa Complex Diliman, Quezon City,

REQUEST FOR QUOTATION

			RFQ No.	2023-085	
			Date:	18-N	lay-23
Company Name :			PR No./End-User:	2023-05-58	33 (OHRMD)
Address :					
Tel No. & Fax No. :					
Mobile No :					
PhilGEPS Reg. No.					
TIN No.					
ITEM			REMARKS/BIDDERS SPECIFICATIONS		
ITEM	OTV	 VEO	 If employed a write the detailed encodifications in the encode provided		TOT

ITEN NO	ITEM & DESCRIPTION	QTY	UNIT	YES	NO	REMARKS/BIDDERS SPECIFICATIONS If applicable, write the detailed specifications in the space provided. Indicate brand, model and country of origin.	UNIT PRICE	TOTAL PRICE
1	Influenza Vaccine	600	pc.				700	420,000.00
	Quadrivalent, Pre Filled Syringe							
	Approved Budget for the Contract: PhP420,000.00.							
	xxxxxxxx-Nothing Follows-xxxxxxxx							

EDGARDO M. WYCO

Procurement Officer 931-7935; 931-7939; 931-8092 Loc. 508

Printed Name/Signature Authorized Representative of the Service Provider