

REQUEST FOR QUOTATION

Section 53.9b - SVP - Goods

RFQ NO. 03-0439
DATE: 3/19/24

COMPANY NAME :
COMPANY ADDRESS :
CONTACT PERSON :
CONTACT NO. :
COMPANY TIN :

GENSERVE-2024-03-0439
POSTED
GEPs REF No.: 10680272
DATE: 03/19/2024
SIGNATURE: *[Signature]*

Sir/Madam:

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**. Failure to indicate **TECHNICAL SPECIFICATIONS** could be basis for non-compliance. Also, furnish us with the 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.

Please submit this form together with Annex A to **DSWD FO IX BAC OFFICE** on or before

25 MAR 2024 @ 05:00 PM

Very truly yours,

[Signature]
Rolando V. Cueva
Regional Procurement Officer

Terms and Conditions:

- PURPOSE** : FOR USE BY THE GENERAL SERVICES SECTION QUARTERLY AIRCON CLEANING WITH CHECK-UP
- PR NUMBER** : **2024-03-0439**
1. Award shall be made on per : Item Basis Lot Basis
2. Quotation validity : 30 CALENDAR DAYS FROM BID OPENING
3. Goods shall be delivered on : **CY 2024**
4. Delivery Area : **DSWD FO IX**
5. Terms of payment : W/ IN 60 CALENDAR DAYS AFTER DELIVERY
6. Liquidated Damages/Penalty : 1/10 of 1% of undelivered portion x No. of days of delay
7. In case of discrepancy between unit cost and total cost, unit cost shall prevail.
8. Warranty : N/A
9. Performance Security : N/A

Please email your accomplished request for quotation and annex a at bacrfq.dswdfo9@gmail.com

(signature over printed name)

Supplier

PHILGEPS NO.: _____

PHILGEPS EXPIRY: _____

COMPANY NAME :
 COMPANY ADDRESS :
 CONTACT PERSON :
 CONTACT NO. :

ANNEX A: RFQ
 RFQ NO. : 03-0439
 DATE : 2024-03-19

ITEM NO.	QTY.	UNIT	PURCHASER'S SPECIFICATIONS	TOTAL ABC	BIDDER'S SPECIFICATIONS	UNIT COST	TOTAL COST
1	1 LOT	SVC	QUARTERLY AIRCON CLEANING WITH CHECK-UP	295,600.00			
			XX				
			FM-FLOOR MOUNTED 13 UNITS X 4 QUARTERS				
			ST-SPLIT TYPE 34 UNITS X 4 QUARTERS				
			WT - WALL TYPE 34 UNITS X 4 QUARTERS				

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 PR. NO. : 2024-03-0439

DOCUMENTS REQUIRED DURING RFQ OPENING:

- 1. Mayor's Permit
- 2. Philgeps Registration Number
- 3. Income/Business Tax Return for ABC's Above 500k

(SIGNATURE OVER PRINTED NAME)
 SUPPLIER

DOCUMENT/S REQUIRED BEFORE ISSUANCE OF NOTICE OF AWARD:

- 1. Omnibus Sworn Statement for ABC's Above 50k

CALVIN MONDICK R. RAVAL
CANVASSER