



## **REQUEST FOR QUOTATION**

Date: 01 April 2023 RFQ No.: 100-23-02-320

	M Q NO.: 100 23 02 320
Name of Company:	
Address:	
Name of Store/Shop:	
Address:	
TIN:	
PhilGEPS Registration Number:	

The **City Government of Pasig**, through the Bids and Awards Committee (BAC), intends to procure **Supply and Delivery of 730 Pads of Gate Pass for the City Veterinary Office** with an Approved Budget for the Contract (ABC) of **Php 73,000.00**, in accordance with **Section 53.9** of the 2016 revised Implementing Rules and Regulations of Republic Act No. 9184. Please quote your best offer for the item in the table below.

The Project shall be awarded as One Project having several items that shall be awarded as one contract. Quotations received exceeding the total Approved Budget for the Contract shall be rejected.

					Approve	d Budget	Price	Offer
Item No.	Item Description	Brand Name (PLEASE DO NOT LEAVE BLANK)	QTY	UOM	Unit Cost	Total Cost	Unit cost	Total Cost
1	GATE PASS  - Carbonless (white/Pink/Blue)  - 100s/pad  - Triplicated  - Sizes: 8.5 inches x 5 inches  - (Please see attached illustration)		730	Pads	100.00	73,000.00		
Term	: Other terms and conditions are stipulated in the sof Reference, if any.			otal		00.00		
DELI	VERY TERM: Within Thirty (30) calendar day	s upon the rec	eipt of	Notice t	o Proceed.			

\*Indicate the BRAND NAME and its specific MODEL to be offered or attach a BROCHURE for the offered item; items such as equipment, devices, electronics, machines, drugs, medicines, medical supplies must be branded or at the very least, manufacturer shall be indicated.

Submit this Quotation (Accomplished and duly signed by the Owner or the respective Authorized Representative indicated in the Secretary's Certificate/Special Power of Attorney) not later than the closing date specified in the Bid Notice Abstract posted in PhilGEPS website along with the following documents:

- Mayor's/Business Permit (or a recently expired Mayor's/Business permit together with the
  official receipt as proof that the prospective bidder has applied for renewal within the period
  prescribed by the concerned local government unit subject to submission of the Mayor's
  Permit before the award of contract)
- PhilGEPS Registration Number
- Income Tax Returns (Annual Income Tax Return of the preceding tax year) OR Business Tax Returns (Value Added Tax or Percentage tax return covering the previous six months)<sup>1</sup>
- Sections 3.2 and 3.3 of Revenue Regulation No. 3-2005.



- Accomplished and notarized Omnibus Sworn Statement
   (https://www.gppb.gov.ph/assets/forms/Omnibus%20Sworn%20Statement(Revised).docx)
- Proof of Authorization: Secretary's Certificate if corporation, or Special Power of Attorney, if individual.

## ADDITIONAL REQUIREMENTS:

For Procurement of Drugs and Medicines:

Documents from the Food and Drug Administration (FDA):

- a. Certificate of Product Registration;
- b. Certificate of Good Manufacturing Practice;
- c. License to Operate;
- d. Batch Release Certificate (for vaccines, toxoids and immunoglobulins only) [to be submitted upon delivery]; and
- e. Certificate of Analysis (for anesthesia and antibiotics) [to be submitted upon delivery].

If the Supplier is not the Manufacturer, a certification from the Manufacturer that the supplier is an authorized distributor/dealer of the products/items.

Please submit the accomplished Quotation and required documents on or before the deadline of submission at the Bids and Awards Committee (BAC) through the **Procurement Management Office (BAC Secretariat Office)**, 4<sup>th</sup> Floor, Pasig City Hall, San Nicolas, Pasig City.

All documents should be submitted in a sealed brown envelope addressed to the "Bids and Awards Committee, 4<sup>th</sup> Floor, Pasig City Hall", and properly marked with the Project Title as provided herein.

For any clarification, you may contact us at telephone no. (02) 8641-1111 / (02) 8643-1111 loc. 1461 or email address at <a href="mailto:bidsandawards@pasigcity.gov.ph">bidsandawards@pasigcity.gov.ph</a>

ATTY. PONCE MIGUEL D. LOPEZ L.
Officer in Charge, Procurement Management Office

I hereby certify that I have read and agree to this Request for Quotation and its Terms of Reference (if any). I further certify that the products to be delivered will conform to the specifications stated in the Item Description and I hereby agree to the Terms of Delivery indicated in the submitted form.

Conforme:	
Signature over Printed Name	Position
Duly authorized to sign quotation/offer for and on behalf of	(Please indicate Company Name)



## SLAUGHTERHOUSE

San Sebastian St., Ilugin Phase II, Brgy. Pinagbuhatan



## GATE PASS

& Withdrawal Slip

DATE:	Control	No: <b>2022-</b> 14700
DEALER'S NAME	DESCRIPTION	QTY.
Issued by :	Time released:	Matanzero:
Checker/Dispatcher	Plate No.	ked by: Security Guard
DEALER'S NAME	DESCRIPTION	QTY.
Issued by:	Time released:	Matanzero:
Checker/Dispatcher	Plate No.	ked by: Security Guard
DATE:	Control	No: <b>2022-</b> 14700
DEALER'S NAME	DESCRIPTION	QTY.
Issued by:	Time released:	Matanzero:
Checker/Dispatcher	Chec	ked by: