



REQUEST FOR QUOTATION

Date: 03 August 2023

RFQ No.: 100-23-03-1505

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 Various Supplies – Persons with Disability Affairs Office** with an Approved Budget for the Contract (ABC) of **Php 304,650.00**, 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 each total Cost per Item and/or the total Approved Budget for the Contract shall be rejected.

Item No.	Item Description	Brand Name <small>(PLEASE DO NOT LEAVE BLANK)</small>	QTY	UOM	Approved Budget		Price Offer	
					Unit Cost	Total Cost	Unit cost	Total Cost
1	ID Cards, - Approximate Size & gsm : Length : 3.5 inches Width: 2.5 inches 300 gsm with Print Texture : Matte (Front & Back)		2500	pcs	20.00	50,000.00		
2	Purchase Booklet for Medicines, - Approximate Size & gsm :(Closed) Length: 4.25 inches (Open & closed) width : 3.5 inches (open) length : 8.5 inches cover gsm :250 gsm inside gsm : 90 gsm 50 Leaves Texture : Matte (Front & Back) with print		2500	pcs	32.00	80,000.00		
3	booklet for commodities, - Approximate Size& gsm :(Closed) Length: 4.25 inches (Open & closed) width : 3.5 inches (open) length : 8.5 inches cover gsm :250 gsm inside gsm : 90 gsm 50 Leaves		2500	pcs	32.00	80,000.00		

	Texture : Matte (Front & Back) with print							
4	booklet for movies, - Approximate Size & gsm :(Closed) Length: 4.25 inches (Open & closed) width : 3.5 inches (open) length : 8.5 inches cover gsm :250 gsm inside gsm : 90 gsm 50 Leaves Texture : Matte (Front & Back) with print		2500	pcs	32.00	80,000.00		
5	Notebook, - Notebook With Spring Any Plain Colors : Front & Back 80 leaves cover gsm : 110 gsm inside gsm :90 gsm Approximate Size: Lenght: 5 inches - 6 inches Width: 8 inches - 8.5 inches		200	pcs	35.00	7,000.00		
6	Ballpen, - Black Gel Pen Ballpen nip or pen tip ranges from 0.18mm - 0.5mm 12 Pcs per box		10	boxes	65.00	650.00		
7	Parchment paper, - A4 size 10 sheets per pack Approximate gsm : 60 gsm		20	packs	50.00	1,000.00		
8	Plastic Certificate Holder, - A4 Size Approximate Size : Lenght 8.27 inches Width 11.69 inches - Color : Black		100	pcs	60.00	6,000.00		
Note: Other terms and conditions are stipulated in the attached Terms of Reference, if any.			Total		304,650.00			
DELIVERY TERM: Within Thirty (30) calendar days upon the receipt of Notice to Proceed.								

**Indicate the BRAND NAME or MANUFACTURER NAME and the specific MODEL to be offered or attach a BROCHURE for the offered item; items including but not limited to clothing, vehicle, 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). The nature of business as stated in the Mayor's/Business Permit should at the very least be similar or related to the project to be bid.
- **PhilGEPS Registration Number**
- **Income Tax Return** - Latest Income or Business Tax Returns filed and paid through the BIR Electronic Filing and Payment System (EFPS).

Caruncho Avenue, Brgy. San Nicolas, Pasig City, Philippines 1600



(02) 8643-1111 * (02) 8641-1111 loc 1461 * bidsandawards@pasigcity.gov.ph *

pasigcity.gov.ph

In accordance with Revenue Regulation No. 3-2005, the above-mentioned tax returns shall refer to the following:

1. Latest Income Tax Return (ITR) - For participants already with an Annual ITR, latest ITR shall refer to the ITR for the preceding Tax Year be it on a calendar or fiscal year. For new establishments which, therefore, have no annual ITR yet, it shall refer to the most recent quarter's ITR.
 2. Latest Business Tax Return - refers to the Value Added Tax (VAT) or Percentage Tax returns covering the previous six (6) months.
- Accomplished and notarized **Omnibus Sworn Statement** ([https://www.gppb.gov.ph/assets/forms/Omnibus%20Sworn%20Statement\(Revised\).docx](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), 4th 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, 4th Floor, Pasig City Hall", and properly marked with the Project Title as provided herein.

The CITY GOVERNMENT OF PASIG reserves the right to reject any and all bids, declare a failure of bidding, or not award the contract at any time prior to contract award in accordance with Sections 35.6 and 41 of the 2016 revised IRR of RA No. 9184, without thereby incurring any liability to the affected bidder or bidders.

For any clarification, you may contact us at telephone no. (02) 8641-1111 / (02) 8643-1111 loc. 1461 or email address at bidsandawards@pasigcity.gov.ph


SGD


ATTY. PONCE MIGUEL D. LOPEZ

Officer in Charge, Procurement Management Office

Caruncho Avenue, Brgy. San Nicolas, Pasig City, Philippines 1600



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I hereby certify that I have read and agree to this Request for Quotation, its Terms of Reference, and Bid Bulletin/s, if any. I further certify that the products to be delivered will conform to the specifications stated in the Item Description.



Conforme:


Signature over Printed Name

Position

Duly authorized to sign quotation/offer for and on behalf of _____
(Please indicate Company Name)

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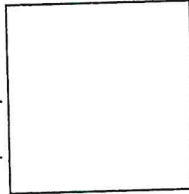
REPUBLIC OF THE PHILIPPINES
CITY GOVERNMENT OF PASIG
PERSONS WITH DISABILITY AFFAIRS OFFICE



ID NO. _____

NAME: _____

TYPE OF DISABILITY _____



DATE OF BIRTH / AGE _____

DATE OF ISSUE _____

SIGNATURE _____

EXPIRY DATE _____

THIS CARD IS NON-TRANSFERABLE AND VALID ANYWHERE IN THE COUNTRY

ADDRESS: _____

SEX: _____

DATE ISSUED: _____

BLOOD TYPE: _____
(OPTIONAL)

IN CASE OF EMERGENCY NOTIFY:

PARENT/GUARDIAN: _____

CONTACT NO.: _____

ONLY FOR THE EXCLUSIVE USE OF PERSONS WITH DISABILITY. ABUSE OF PRIVILEGE IS PUNISHABLE BY LAW. PERSONS & CORPORATIONS VIOLATING RA 7277 SHALL BE PENALIZED.

THE HOLDER OF THIS CARD IS A PERSON WITH DISABILITY AND IS ENTITLED TO ALL BENEFITS AND PRIVILEGES IN ACCORDANCE WITH REPUBLIC ACTS 9442 AND 10754. NON-TRANSFERABLE. VALID FOR 3 YEARS.

ANY VIOLATION IS PUNISHABLE BY LAW. VALID ANYWHERE IN THE PHILIPPINES



Vico Sotto
VICO SOTTO
CITY MAYOR



Notebook 6 inches x 8.5 inches



Ballpen Gel Pen 0.5



Parchment Paper





AUTHORIZED BY:
Vico Sotto
VICO SOTTO
CITY MAYOR



CITY GOVERNMENT OF PASIG
PERSONS WITH DISABILITY
AFFAIRS OFFICE

CINEMA BOOKLET

DATE ISSUED: _____ PERIOD COVERED: _____
NAME: _____
ADDRESS: _____
PWD I.D. NO.: _____
DATE ISSUED: _____
PLACE ISSUED: _____
TEL. NO.: _____
SIGNATURE/THUMBMARK: _____



AUTHORIZED BY:
Vico Sotto
VICO SOTTO
CITY MAYOR



CITY GOVERNMENT OF PASIG
PERSONS WITH DISABILITY
AFFAIRS OFFICE

COMMODITIES BOOKLET

DATE ISSUED: _____ PERIOD COVERED: _____
NAME: _____
ADDRESS: _____
PWD I.D. NO.: _____
DATE ISSUED: _____
PLACE ISSUED: _____
TEL. NO.: _____
SIGNATURE/THUMBMARK: _____



AUTHORIZED BY:
Vico Sotto



CITY GOVERNMENT OF PASIG
PERSONS WITH DISABILITY
AFFAIRS OFFICE

MEDICINES BOOKLET

DATE ISSUED: _____ PERIOD COVERED: _____
NAME: _____
ADDRESS: _____
PWD I.D. NO.: _____
DATE ISSUED: _____
PLACE ISSUED: _____
TEL. NO.: _____

