

Republic of the Philippines
Province of Davao del Norte
BIDS AND AWARDS COMMITTEE
 Government Center, Mankilam, Tagum City

Quotation No. : C20212164

Date : May 04, 2021

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PR Number : 2104-2529

PURSUANT TO THE PERTINENT PROVISION OF REPUBLIC ACT NO. 9184 AND ITS IMPLEMENTING RULES AND REGULATIONS, PLEASE QUOTE YOUR UNIT, TOTAL AND GRAND/LOT PRICE OF THE ITEMS LISTED HEREUNDER, WHICH THE PROVINCE OF DAVAO DEL NORTE DESIRES TO PURCHASE. SHOULD THE BIDS AND AWARDS COMMITTEE FIND YOUR PRICE REASONABLE, RESPONSIVE AND LOWEST IN THE MARKET, YOU WILL BE OFFICIALLY NOTIFIED AS TO THE DATE OF DELIVERY. IN CASE THERE IS A FAILURE OF DELIVERY AND/OR LATE DELIVERIES, LIQUIDATED DAMAGES SHALL BE IMPOSED AND BE CHARGED AGAINST YOUR PRESENT OR FUTURE TRANSACTIONS. THE PROVINCIAL GOVERNMENT OF DAVAO DEL NORTE RESERVES THE RIGHT TO ACCEPT OR REJECT ANY BID, TO ANNUL THE BIDDING PROCESS, AND TO REJECT ALL BIDS ANY TIME PRIOR TO CONTRACT AWARD, WITHOUT THEREBY INCURRING ANY LIABILITY TO THE AFFECTED BIDDER/S.

| Item No. | Qty./Unit | Item | Quotation | |
|----------|-----------|--|------------|--------------|
| | | | Unit Price | Total Amount |
| 1 | 20 BOTS | VINEGAR 3.5-5% 1L | _____ | _____ |
| 2 | 10 BOX | STERILE COTTON APPLICATOR/PLEDGET(SMALL HEAD)100'S | _____ | _____ |
| 3 | 5 BOX | STERILE GLOVES(SMALL, MEDIUM)100'S | _____ | _____ |
| 4 | 10 PACK | STERILE COTTON BALLS 100'S | _____ | _____ |
| 5 | 5 BOX | FACE MASK KN95 10'S | _____ | _____ |
| 6 | 5 BOX | EXAMINING GLOVES NON-STERILE 100'S | _____ | _____ |
| 7 | 13 BOX | GLASS SLIDE FROSTENED END 72'S | _____ | _____ |
| 8 | 15 BOTS | ETHYL ALCOHOL 70% ISOPROPHYL | _____ | _____ |
| 9 | 3 PACK | POWDER SOAP | _____ | _____ |
| 10 | 10 PACK | ISOLATION GOWN NON-WOVEN | _____ | _____ |
| 11 | 24 PCS | FULL FACE SHIELD | _____ | _____ |

Remarks : **-TO BE DELIVERED 10 CALENDAR DAYS UPON RECEIPT OF P.O**
-NO PARTIAL DELIVERY IS ACCEPTED & NO REQUEST FOR
EXTENTION BE GRANTED

Green Procurement Terms and Conditions for DETERGENT POWDER

- The supplier shall supply products which do not contain ethylene-diamine-tetra-acetate (EDTA) nor alkyl phenol ethoxylates (APEO), and active ingredients as linear alkybenzene sulfonate.
- The supplier shall supply products with adequate instructions for proper use and disposal. There shall be a minimum purchase of half kilo for this item.

TOILET AND URINAL

- The nominal full flush volume shall not exceed 6.0 l/flush (for urinals 2.0 l/flush).
- Toilets (toilet suites delivering a full flush volume of more than 4.0 liters and toilet flushing system shall be equipped with a water-saving device. The reduced flush volume shall not exceed 3.0 l/flush.

FOR USE OF BREAST AND CERVICAL CANCER SCREENING OUTREACH

Approved Budget for the Contract : P 19,983.75

PLACE OF DELIVERY : PGSO Warehouse

DATE OF OPENING OF CANVASS: May 14, 2021

TIME OF OPENING OF CANVASS: 09:00:00 AM

VERY TRULY YOURS,

SUPPLIERS MUST SPECIFY/INDICATE BRAND NAMES UPON QUOTATION
 Failure to specify, may be a ground for disqualification.

ENGR. GLENN A. OLANDRIA
 (Provincial Engineer)
 BAC CHAIRPERSON

I HEREBY CERTIFY:

- THE ABOVE PRICES OF THE ITEMS HEREIN DESCRIBED ARE CURRENT AND VALID FOR 120 DAYS FROM DATE OF THE OPENING OF CANVASS.
- IN CASE THE PROVINCE OF DAVAO DEL NORTE WILL OFFICIALLY NOTIFY THAT THE ITEMS WILL BE PROCURED FROM MY/OUR ESTABLISHMENT, THE STOCKS ARE READILY AVAILABLE OFF-THE-SHELF.

NAME OF ESTABLISHMENT _____

ADDRESS _____

Please check whether VAT V.A.T. Non-V.A.T.

PhilGEPS Registration No.: _____

T.I.N. No. _____ TEL./FAX No. : _____

SIGNATURE

PRINTED NAME

CANVASS BY: _____
 Signature Over Printed Name

POSITION

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| Item No. | Qty./Unit | Item | Quotation | |
|----------|-----------|------|------------|--------------|
| | | | Unit Price | Total Amount |

3. The supplier shall supply products which are packaged in materials that should be recyclable.

TOILET PAPER

* * * GRAND/LOT PRICE : P _____

Terms and Condition :

The following documentary requirements shall be submitted together with the Price Quotation Form or Canvass as requisite for award:
 a) Mayor's/Business Permit
 b) PhilGEPS Registration Number

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NAME OF ESTABLISHMENT _____

ADDRESS _____

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T.I.N. No. _____ TEL./FAX No. : _____

SIGNATURE

PRINTED NAME

CANVASS BY: _____

Signature Over Printed Name

POSITION