



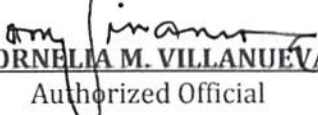
Republic of the Philippines
Department of Agriculture
Philippine Center for Postharvest Development and Mechanization
Science City of Muñoz, Nueva Ecija, Philippines
Telefax No. (044) 456-0287 loc. 272; Email add.: philmech.svp2@gmail.com

REQUEST FOR QUOTATION

RFQ No. : 21-12-1200
PR No. : 21-12-E-824

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than December 20, 2021.

The Philippine Center for Postharvest Development and Mechanization (PHilMech) reserves the right to reject any or all bids/quotations, to refuse to make an award for any item/s due to budget limitation, procurement regulations, or other similar valid causes and to waive any formality not affecting the substance of the bid as the interest of the government may require. It further assumes no responsibility whatsoever to compensate or indemnify suppliers for any expense/s incurred in the preparation of their quotation/s.


CORNELIA M. VILLANUEVA
Authorized Official

ITEM NO.	QTY.	UNIT	ITEM AND DESCRIPTION	UNIT PRICE	TOTAL PRICE
	1	unit	Supply of labor and materials for the repair, replacement, and maintenance of CNC turning Center Needed materials: <ul style="list-style-type: none">- Set of electrical wirings and cables compatible for Model- Talent 51B MYT, FANUC Oi-TF Controller, without CE		

Payment shall be made upon inspection and acceptance of delivery and shall be done through the Direct Payment scheme via bank debit system subject to the prior submission of the sales/charge invoice bank service fee, if any & such other requirements as maybe necessary for the purpose.

Delivery Period : _____
Price validity : _____
Warranty : _____
Terms of Payment : _____

After having carefully read and accepted the General Conditions attached to the Request for Quotation, I/We quote you on the item/s at prices indicated above.

Very truly yours,

Printed Name and Signature/Designation

Date/TIN No.

Name of Company

Company Address

Contact Number/s

Email Address



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General Conditions

1. The Approved Budget for the Contract (ABC) is 480,000.00.
2. Specifications herein provided are the minimum requirements of the PHilMech. Hence a supplier must not offer lower specifications than required.
3. Supplemental information shall be indicated/attached in the price quotation to reflect the complete specifications e.g., brand name, model, pictures/brochures of the offer.
4. Quotation must be inclusive of all costs and applicable government taxes, including delivery charges.
5. Award of the contract shall be made to the lowest complying/responsive bid/offer.
6. Price validity shall be thirty (30) calendar days from the deadline of submission of quotation.
7. For those with ABCs above Fifty Thousand Pesos (PhP50,000.00), suppliers shall submit copies of the following documents in support of their quotation, to wit:

7.1 Current Business Permit

7.2 DTI/SEC Certificate of Registration

7.3 BIR Certificate of Registration

7.3 PhilGEPS Registration Number

7.4 Omnibus Sworn Statement (Annex A)

7.5 Income/Business Tax Return

7.6 Professional License/Curriculum Vitae (Consulting Services)

7.7 PCAB License (Infra.)

8. Supplier shall be responsible for the source/s of its goods/services/equipment, and which shall be in accordance with the schedule and specifications of the RFQ or PO/JO. Failure of the supplier to comply with this provision shall be ground for cancellation of the award or purchase order issued to the supplier.
9. Payment shall be made only upon completion and acceptance by the PHilMech.
10. Supplier warrants that all goods/services/equipment to be provided are of acceptable industry standard.
11. Delivery period shall be indicated in the quotation. A penalty of 1/10 of one percent for every day of delay shall be charged as liquidated damages on the undelivered items/services.
12. In conformity with the Direct Payment Scheme via bank debit system, please credit/deposit payment to:

Name of Bank: _____

Bank Branch: _____

Account Name: _____

Account No.: _____