

Republic of the Philippines Department of Agriculture

Philippine Center for Postharvest Development and Mechanization

Science City of Muñoz, Nueva Ecija, Philippines

Telephone Nos. 09328696837 (Sun); 09178130852 (Globe) loc. 272/276;

Email add.: philmech.svp2@gmail.com

REQUEST FOR QUOTATION

RFQ No.: <u>23-01-03</u> PR No.: <u>23-01-E-02</u>

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 <u>January 13</u>, 2023.

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.

Buyer/Canvasser

RAYMUND JOSEPH P. MACARANAS

Authorized Official

ITEM NO.	QTY.	UNIT	ITEM AND DESCRIPTION		UNIT PRICE	TOTAL PRICE
			Per Request	Offer/Brand/Model		
1	1	unit	Inspection and recertification of the following equipment: Locally fabricated fumehood	i		
	80		15-PHILMECH-LSD-LE-D004 Biological Safety			
2	1	unit	Vision 09-BPRE-FPD-LE-D158			
3	1	unit	Telstar 17-PHILMECH-LSD-LE-D088			
4	1	unit	Biobase 18-PHILMECH-LSD-LE-D306			
			Due to IMS requirements, the following conditions are requested and must be complied:			
			The unit requested for PM / recertification should be serviced on any day of March 2023 Scope of work: (Fumehood)			
			a. Determination of air velocity and uniformity b. Smoke Test c. Determination of integrity of			
			terminally mounted HEPA filter installations d. Determination of illuminance			
			e. South level at installed workstations and safety cabinets f. Determination of air barrier containment of laminar flow safety			



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	cabinets g. Determination of intensity of radiation from germicidal ultraviolet lamps	
Delivery Period unit Price validity	:	
Warranty Terms of Payment		



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General Conditions

- 1. The Approved Budget for the Contract (ABC) is 86,000.00.
- 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 forty five (45) calendar days from the deadline of submission of quotation.

		following documents in support of their quotation, to wit:					
	7.5 Omnibus Sworn Stater 7.6 Income/Business Tax 7.7 Professional License/0 7.8 PCAB License (Infra.) 7.9 Net Financial Contract	Registration stration Certificate (Platinum) all pages ment Return Curriculum Vitae (Consulting Services)					
	8. Supplier shall be responsible for accordance with the schedule and a provision shall be ground for cancer.	the source/s of its goods/services/equipment, and which shall be in specifications of the RFQ or PO. Failure of the supplier to comply with this ellation of the award or purchase order issued to the supplier.					
After	 10. Supplier warrants that all goods/se 11. Delivery period shall be indicated shall be charged as liquidated dama 12. Payment shall be made upon inspinvoice/delivery receipt and other 13. In conformity with the Direct Paym Name of Bank: Bank Branch: Account Name: Account No.: 	nent Scheme via bank debit system, please credit/deposit payment to:					
on en	e reemy s at prices maicated above.	Printed name and signature of Authorized Representative					
		Designation:					
		Company Name:					
		Business Address:					
		PhilGEPS Registration No.:					
		TIN:					
		Contact No/s.:					

Email Address: