



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;  
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### REQUEST FOR QUOTATION

RFQ No. : C-23-01-02

PR No. : 23-01-D-02

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 January 23, 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.

  
**RAYMUND JOSEPH P. MACARANAS**  
 Authorized Official

Buyer/Canvasser

| ITEM NO. | QTY. | UNIT | ITEM AND DESCRIPTION  | UNIT PRICE | TOTAL PRICE |
|----------|------|------|---|------------|-------------|
|          |      |      | Per Request   |            |             |
|          |      |      | Offer/Brand/Model   |            |             |
| 1        |      |      | <b>Food, Venue and Accommodation for the conduct of CFIDP-SPF Stakeholders Consultation Meeting and Workshop on February 7-9, 2023 at General Santos City.</b><br><br><b>February 7, 2023</b><br>Accommodation<br><br><b>February 8, 2023</b><br>Breakfast<br>AM Snacks<br>Lunch<br>PM Snacks<br>Dinner<br>Accommodation<br><br><b>February 9, 2023</b><br>Breakfast<br>AM Snacks<br>Lunch<br>PM Snacks<br><br><b>Additional Requirements:</b><br><i>*Meals: 3 main courses (seafoods, pork/beef/chicken/ &amp; vegetables) + dessert + soup + drinks</i><br><i>*With free flowing coffee</i><br><i>*Comply/Provide health protocols implemented by Provincial IAFT</i><br><i>*Accommodation: 2pax per air-conditioned room</i><br><i>*Air-conditioned training hall with sound system, projector and mic</i> |            |             |
|          | 7    | pax  |   |            |             |
|          | 36   | pax  |   |            |             |
|          | 36   | pax  |   |            |             |
|          | 36   | pax  |   |            |             |
|          | 36   | pax  |   |            |             |
|          | 21   | pax  |   |            |             |
|          | 21   | pax  |   |            |             |
|          | 36   | pax  |   |            |             |
|          | 36   | pax  |   |            |             |
|          | 36   | pax  |   |            |             |
|          | 36   | pax  |   |            |             |

Delivery Period unit : \_\_\_\_\_  
 Price validity : \_\_\_\_\_  
 Warranty : \_\_\_\_\_  
 Terms of Payment : \_\_\_\_\_



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**REQUEST FOR QUOTATION**

**General Conditions**

1. The Approved Budget for the Contract (ABC) is 100,150.00
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.
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:

- |                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | 7.12 Current Mayor's/Business Permit                              |
| <input type="checkbox"/>            | 7.13 DTI/SEC Certificate of Registration                          |
| <input checked="" type="checkbox"/> | 7.14 BIR Certificate of Registration                              |
| <input type="checkbox"/>            | 7.15 PhilGEPS Registration Certificate (Platinum) all pages       |
| <input type="checkbox"/>            | 7.16 Omnibus Sworn Statement                                      |
| <input type="checkbox"/>            | 7.17 Income/Business Tax Return                                   |
| <input type="checkbox"/>            | 7.18 Professional License/Curriculum Vitae (Consulting Services)  |
| <input type="checkbox"/>            | 7.19 PCAB License (Infra.)  |
| <input type="checkbox"/>            | 7.20 Net Financial Contracting Capacity (NFCC)                    |
| <input type="checkbox"/>            | 7.21 Documents required as stated in the Technical Specifications |
| <input type="checkbox"/>            | 7.22 Others   |

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. 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. Payment shall be made upon inspection and acceptance of delivery subject to prior submission of sales invoice/delivery receipt and other requirements as maybe necessary
13. 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.: \_\_\_\_\_

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.

\_\_\_\_\_  
Printed name and signature of Authorized Representative

Designation: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

PhilGEPS Registration No.: \_\_\_\_\_

TIN: \_\_\_\_\_

Contact No./s.: \_\_\_\_\_

Email Address: \_\_\_\_\_