



Republic of the Philippines  
 Department of Agriculture  
**Philippine Center for Postharvest Development and Mechanization**  
 Science City of Muñoz, Nueva Ecija, Philippines  
 Telephone Nos. 09178004526 (Globe); 09178130852 (Globe) loc. 144/142/143/144  
 Email add.: [amp@philmech.gov.ph](mailto:amp@philmech.gov.ph)

## REQUEST FOR QUOTATION

RFQ No. : 23-10-898  
 PR No. : 23-09-E-535

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 October 16, 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.

*RAM* **OCT 11 2023**

**RAYMUND JOSEPH P. MACARANAS**  
 Authorized Official

\_\_\_\_\_  
 Buyer/Canvasser

ITEM NO.	QTY.	UNIT	ITEM AND DESCRIPTION		UNIT PRICE	TOTAL PRICE
			Per Request	Offer/Brand/Model		
			<b>Laboratory supplies</b>			
1	2	pc	<b>Cartridge for full facemask (ABEK filter cartridge)</b>			
2	4	unit	<b>Desiccator (porcelain middle plate diameter, soda lime glass, 6 L to 8 L capacity with screw cap)</b>			
3	2	unit	<b>Diamond drill bit (12 mm diameter)</b>			
4	1	unit	<b>Electric gas detector (for PH3)</b>			
5	2	unit	<b>Full facemask (with ABEK filter)</b>			
6	2	pc	<b>Full facepiece respirator (Large, NIOSH Approved, FF-403, Material: Silicone Connection type: Bayonet)</b>			
7	1	pack	<b>Gas detector for phosphine (high range, low range, 10 tubes /pack)</b>			
8	1	pc	<b>Gas tight syringe (10 ml capacity)</b>			
9	1	pc	<b>Gas tight syringe (5 ml capacity)</b>			
10	1	pc	<b>Gas tight syringe (1 ml capacity)</b>			
11	1	pc	<b>Gas tight syringe (2.5 ml capacity)</b>			
12	6	box	<b>Gloves nitrile (MEDIUM, 6 mil thickness, Ambidextrous, Powder-free, 100pcs/box)</b>			
13	6	pair	<b>Rubber gloves (medium)</b>			
14	4	pc	<b>Laboratory bag (Hard case, 28 x 18 inches)</b>			



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15	4	pc	Laboratory bag (Soft case, 18 x 12 inches)			
16	12	box	Surgical mask (disposable surgical mask, 3-ply, 50pcs/box)			
17	2	pc	Opti fit full face mask (serial no. 1715011)			
18	1	unit	Phosphine gas pump			
19	1	unit	Phosphine tablet (1 bottle, aluminum phosphide)			
20	5	pc	Respiratory filter (with standard thread, with serial no. (A2B2E2K1)			
21	4	pc	Rubber sheet ps (silicon rubber, 2 mm thick, 500 mm x 500 mm)			
22	1	pc	Sieve (stainless, 710 um with serial no. 402092)			
23	1	pc	Sieve (stainless, 355 um with serial no. 402134)			
24	1	pc	Sieve #12 (stainless, US #12 (1.7 mm), 8" diameter full height)			
25	1	pc	Sieve #7 (stainless, US #12 (2.8 mm) 8" diameter full height)			
26	3	pack	Silicon rubber gasket (13 mm, analytical grade)			
27	2	pack	Silicon rubber gasket (20 mm, analytical grade)			

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



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**General Conditions**

1. The Approved Budget for the Contract (ABC) is **311,600.00**
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"/> | 7.1  | Current Mayor's/Business Permit                              |
| <input type="checkbox"/>            | 7.2  | DTI/SEC Certificate of Registration                          |
| <input checked="" type="checkbox"/> | 7.3  | BIR Certificate of Registration                              |
| <input type="checkbox"/>            | 7.4  | PhilGEPS Registration Certificate (Platinum) all pages       |
| <input type="checkbox"/>            | 7.5  | Omnibus Sworn Statement                                      |
| <input type="checkbox"/>            | 7.6  | Income/Business Tax Return                                   |
| <input type="checkbox"/>            | 7.7  | Professional License/Curriculum Vitae (Consulting Services)  |
| <input type="checkbox"/>            | 7.8  | PCAB License (Infra.)  |
| <input type="checkbox"/>            | 7.9  | Net Financial Contracting Capacity (NFCC)                    |
| <input type="checkbox"/>            | 7.10 | Documents required as stated in the Technical Specifications |
| <input type="checkbox"/>            | 7.11 | 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: \_\_\_\_\_