

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

### REQUEST FOR QUOTATION

RFQ No.: <u>24-01-076</u> PR No. : <u>24-01-E-13</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 22</u>, 2024.

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

RICHELLE ANN L. MOROTA
Authorized Official

ITEM NO.	QTY.	UNIT	ITEM AND DESCRIPTION		UNIT PRICE	TOTAL PRICE
			Per Request	Offer/Brand/Model		
			Inspection and recertification of the following equipment:			
1	1	unit	Locally fabricated fumehood			
2		**	Biological Safety Cabinet			
2	1	unit	Vision (S/N E26323IE004)			
3	1	unit	Telstar (S/N 522730)			
4	1	unit	Biobase (4FA1806043)			
			Due to IMS requirements, the following conditions are requested and must be complied:  1. The unit requested for PM /recertification should be serviced on any day of March  2024  2. Scope of work: (Fumehood)  a. Determination of face velocity and uniformity  b. Smoke Test  Scope of work: (Biosafety Cabinet)  a. Determination of air velocity and uniformity in clean work station and laminar flow safety cabinets  b. Determination of work zone			
			integrity c. Determination of integrity of terminally mounted HEPA filter			
			installations			
			d. Determination of illuminance e. Sound level at ingtalled			



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	workstations and safety cabinets f. Determination of air barrier containment of laminar floa safety cabinets g. Determination of intensity of radiation from germicidal ultraviolet lamps	
Delivery Period Price validity Warranty Terms of Payment		



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#### **General Conditions**

- 1. The Approved Budget for the Contract (ABC) is 90,000.00.
- 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.

7. For the follow	ose witl ing docu	h ABCs above Fifty Thousar uments in support of their quo	nd Pesos (PhP50,000.00), suppliers shall submit copies of the station, to wit:
	7.1 7.2 7.3 7.4 7.5 7.6 7.7 7.8 7.9 7.10 7.11	PCAB License (Infra.) Net Financial Contracting Ca	tration on ficate (Platinum) all pages n ulum Vitae (Consulting Services)
provisi 9. Paymen 10. Supplies 11. Delivery be char 12. Paymen invoice 13. In confor Name of Bank Br Account	ance will on shall on shall on shall on shall on period on shall o	th the schedule and specificat be ground for cancellation of the made only upon completion of the made only upon completion of the that all goods/services/equivalent shall be indicated in the quoting and the upon inspection and the made upon inspection are receipt and other requirements.	nd acceptance of delivery subject to prior submission of sales
After having care on the item/s at	efully re prices ir	ad and accepted the General C ndicated above.	Conditions attached to the Request for Quotation, I/We quote you
			Printed name and signature of Authorized Representative
			Designation:
			Business Address:
			PhilGEPS Registration No.:
			TIN:

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