



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); 0917813082 (Globe) loc. 144/142/143/144
 Email add.: amp@philmech.gov.ph

REQUEST FOR QUOTATION

RFQ No. : 24-04-363
 PR No. : 24-04-E-190

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 April 16, 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		
			Laboratory Supplies			
1	3	btl	Agar, Dichloran Rose Bengal Chloramphenicol (500g/btl, Granulated, ISO 21527 and FDA-BAM compliant; expiry must be at least 12 months upon delivery)			
2	2	btl	Agar, Violet Red bile Lactose (Ready to use, 6 x 100 mL bottles/set; expiry must be at least 12 months upon delivery)			
3	2	btl	Baird Parker Agar (Granulated; complies with ISO standards and FDA-BAM)			
4	3	btl	Buffered Peptone Water (500g/bottle, granulated, acc. ISO 6579, ISO 21528, ISO 22964, FDABAM and EP)			
5	5	box	Gloves, nitrile (SMALL, 6 mil thickness, Ambidextrous, Powder-free, 100pcs/box)			
6	6	pack	Gloves, nitrile (LARGE, 6 mil thickness, Ambidextrous, Powder-free; 100 pcs/box)			
7	1	unit	Gram Staining Kit (Gram's safranin Solution; expiry must be at least 12 months upon delivery)			
8	2	btl	Kovac's reagent (indicator reagent used for MR test, with SDS according to Regulation (EC) No.			



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			1907/2006)		
9	2	set	Laboratory gown (Long sleeves w/ garter or cuffed in the wrist part, Large, Unisex, 3 Assorted light colors. Poly-cotton material)		
10	2	btl	Lauryl Sulfate/Tryptose/LST Broth (Granulated; 500g; complies with FDA-BAM specifications; expiry must be at least 12 months upon delivery)		
11	12	box	Mask, Surgical (disposable surgical mask, 3-ply, 50pcs/box)		
12	24	pc	Media bottle (150 mL capacity with screw cap cover; autoclavable; Class A or heavy duty)		
13	2	pack	Microcentrifuge tube (5 ml, non-sterile, 500 pcs/pack)		
14	3	btl	MR-VP broth (500g/bottle, granulated, with SDS according to Regulation (EC) No. 1907/2006)		
15	3	btl	Plate count agar/PCA (Granulated; 500g; complies with FDA-BAM specifications; expiry must be at least 12 months upon delivery)		
16	2	btl	Potato Destrose Agar (500g/ btl; granulated ISO 11133; expiry must be at least 18 months upon delivery)		
17	2	btl	Sodium chloride (99%, pharma grade)		
18	2	btl	Tryptic Soy Broth (TSB)		
19	2	btl	Voges-Proskauer Reagent A (15 ml dropper vial)		
20	2	btl	Voges-Proskauer Reagent B (15 ml dropper vial)		

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



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General Conditions

1. The Approved Budget for the Contract (ABC) is 174,150.00.
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"/> | 7.1 | 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: _____