



Republic of the Philippines
Department of Agriculture

Philippine Center for Postharvest Development and Mechanization

CLSU Compound, Science City of Munoz, Nueva Ecija

Telephone Nos. 09178004526(Globe) ; 09178130852 (Globe) loc. 144/142/143/144

Email add.: amp@philmech.gov.ph

REQUEST FOR QUOTATION

RFQ No.: 24-04-412

PR No.: 24-04-A-94

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 29, 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.

RICHELLE ANN L. MOROTA

Authorized Official

Buyer/Canvasser

ITEM NO.	QTY	UNIT	ITEMS/SPECIFICATION		UNIT PRICE	TOTAL PRICE
			Per Request	Offer/Brand/Model		
	1	tank	ARGON GAS REFILL, high purity gas			
	1	tank	COMPRESSED AIR WITH TANK, High Purity			
	1	tank	HELIUM GAS REFILL, High purity gas			
	1	tank	HYDROGEN GAS REFILL, High purity gas			
	1	tank	NITROGEN GAS REFILL, Ultrahigh Purity			

Delivery Period _____

Price validity _____

Warranty _____

Terms of Payment _____



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General Conditions

1. The Approved Budget for the Contract (ABC) is Php 66,200.00
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:
 - 7.1 Current Mayor's/Business Permit
 - 7.2 DTI/SEC Certificate of Registration
 - 7.3 BIR Certificate of Registration
 - 7.4 PhilGEPS Registration Certificate (Platinum) all pages
 - 7.5 Omnibus Sworn Statement
 - 7.6 Income/Business Tax Return
 - 7.7 Professional License/Curriculum Vitae (Consulting Services)
 - 7.8 PCAB License (Infra.)
 - 7.9 Net Financial Contracting Capacity (NFCC)
 - 7.10 Documents required as stated in the Technical Specifications
 - 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
12. 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 _____



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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: _____