

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. 141/142/143/144;

Email add.: amp@philmech.gov.ph

#### REQUEST FOR QUOTATION

RFQ No.: <u>25-05-702</u> PR No.: <u>25-05-E-532</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 May 20, 2025.

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.

I	Buyer/Ca		Authorized Official			
ITEM NO.	QTY.	UNIT	ITEM AND DES	SCRIPTION	UNIT PRICE	TOTAL PRICE
			Per Request	Offer/Brand/Model		
1	1	unit	Thermal Cycler Property No. 18-PHILMECH-LSD-			
2	1	unit	LE-D300 Gel Doz EZ Imaging System			
3	1	unit	Property No. 18-PHILMECH-LSD- LE-D300  Power Pac Basic Power Supply Cleaning System Checkout Preventive Maintenance Property No. 18-PHILMECH-LSD- LE-D300			
			Due to IMS requirements, units requested for PM should be serviced on any day of July 2025			
Delivery Price vali						

Warranty

Terms of Payment



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# **General Conditions**

The Approved Budget for the Contract (ABC) is <u>113,000.00</u>.

- 2. Specifications herein provided are the minimum requirements of the PHilMech. Hence a supplier must not offer lower specifications than required.
- 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.
- s (PhP50,000.00), suppliers shall submit copies of the following

	documents in support of their quotation, to wit:					
	<ul> <li>7.1 Current Mayor's/Business Permit</li> <li>7.2 DTI/SEC Certificate of Registration</li> <li>7.3 BIR Certificate of Registration</li> <li>7.4 PhilGEPS Registration Certificate (Platin 7.5 Omnibus Sworn Statement</li> <li>7.6 Income/Business Tax Return</li> <li>7.7 Professional License/Curriculum Vitae (7.8 PCAB License (Infra.)</li> <li>7.9 Net Financial Contracting Capacity (NFC 7.10 Documents required as stated in the Text 7.11 Others</li> </ul>	Consulting Services)				
		ds/services/equipment, and which shall be in accordance Failure of the supplier to comply with this provision shall				
	and for cancellation of the award or purchase ord					
	nt shall be made only upon completion and accep					
<ol> <li>Supplier warrants that all goods/services/equipment to be provided are of acceptable industry stand</li> <li>Delivery period shall be indicated in the quotation. A penalty of 1/10 of one percent for every day of</li> </ol>						
	d as liquidated damages on the undelivered items					
	nt shall be made upon inspection and accept e/delivery receipt and other requirements as may	ance of delivery subject to prior submission of sales				
13. In co	ormity with the Direct Payment Scheme via bank					
Name	f Bank:					
Accou	ranch: t Name:					
Accou	t No.:					
After having cathe item/s at p	efully read and accepted the General Conditions a ces indicated above.	ttached to the Request for Quotation, I/We quote you on				
	Printe	d name and signature of Authorized Representative				
	Design	nation:				
	Compa	any Name:				
		ess Address:				
	PhilGE	PS Registration No.:				
	TIN: _					

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