| POYONG Repu   | Republic of the Philippines  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Province of Davao del Norte                         |  |  |  |  |  |  |
| BIDS AND AWARDS COMMITTEE                           |  |  |  |  |  |  |
| Government Center, Mankilam, Tagum City             |  |  |  |  |  |  |
| (Small Value Procurement)                           |  |  |  |  |  |  |
|   | Quotation No. : C20212109  |  |  |  |  |  |
| PR Number : 2103-1895                               | Date : <u>April 30, 2021</u>   |  |  |  |  |  |
|   | Page : 1   |  |  |  |  |  |
| PURSUANT TO THE PERTINENT PROVISION OFREPUBLIC AC   | CT NO. 9184 AND ITS IMPLEMENTING RULES AND REGULATIONS, PLEASE QUOTE |  |  |  |  |  |
| YOUR UNIT, TOTAL AND GRAND/LOT PRICE OF THE ITEMS L | ISTED HEREUNDER, WHICH THE PROVINCE OF DAVAO DEL NORTE DESIRES TO    |  |  |  |  |  |
| PURCHASE. SHOULD THE BIDS AND AWARDS COMMITTEE      | FIND YOUR PRICE REASONABLE, RESPONSIVE AND LOWEST IN THE MARKET, YOU |  |  |  |  |  |

WILL BE OFFICIALLY NOTIFIED AS TO THE DATE OF DELIVERY. IN CASE THERE IS A FAILURE OF DELIVERY AND/OR LATE DELIVERIES, LIQUIDATED DAMAGES SHALL BE IMPOSED AND BE CHARGED AGAINST YOUR PRESENT OR FUTURE TRANSACTIONS. THE PROVINCIAL GOVERNMENT OF DAVAO DEL NORTE RESERVES THE RIGHT TO ACCEPT OR REJECT ANY BID, TO ANNUL THE BIDDING PROCESS, AND TO REJECT ALL BIDS ANY TIME PRIOR TO CONTRACT AWARD, WITHOUT THEREBY INCURRING ANY LIABILITY TO THE AFFECTED BIDDER/S.

| Item   | Otre (IImit        | Thom                             | Ĭ | Quotation |       |         |   |
|--------|--------------------|----------------------------------|---|-----------|-------|---------|---|
| No.    | Qty./Unit          | Item                             |   |           | Price | Total A | 1 |
| 1      | 1 assy             | Water Pump Assembly, APS         |   |           |       |         |   |
| 2      | 12 pcs             | Valve Seal, APS                  |   |           |       |         |   |
| 3      | 1 pc               | Cylinder Head Gasket, Steel, APS |   |           |       |         |   |
| 4      | 1 pc               | Gasket Cement                    |   |           |       |         |   |
| 5      | 1 mtrs             | Bellumiod Gasket                 |   |           |       |         |   |
| Remark | ຣ :Item must be br | and new.                         |   |           |       |         |   |

\* \* \* GRAND/LOT PRICE :

Terms and Condition : The following documentary requirements shall be submitted together with the Price Quotation Form or Canvass as requisite for award: a) Mayor's/Business Permit b) PhilGEPS Registration Number

Ρ

c) Income/Business Tax Return (Latest)

d) Omnibus Sworn Statement

| SPARE PARTS FOR 63-N1-27P KOMATSU GRADER, PN 0108-0020  |                                      |  |  |  |  |
|---|--------------------------------------|--|--|--|--|
| Approved Budget for the Contract : P76,505.00   |                                      |  |  |  |  |
| PLACE OF DELIVERY : PGSO Warehouse  |                                      |  |  |  |  |
| DATE OF OPENING OF CANVASS: May 06, 2021  | _                                    |  |  |  |  |
| TIME OF OPENING OF CANVASS: 09:00:00 AM   |                                      |  |  |  |  |
| SUPPLIERS MUST SPECIFY/INDICATE BRAND NAMES UPON QUOTATION<br>Failure to specify, may be a ground for disqualification.   |                                      |  |  |  |  |
| THE WINNING BIDDER SHALL BE REQUIRED TO SUBMIT A WARRANTY<br>SECURITY/CERTIFICATE DURING DELIVERY OF THE ITEM.  |                                      |  |  |  |  |
| <ol> <li>THE ABOVE PRICES OF THE ITEMS HEREIN DESCRIBED<br/>FROM DATE OF THE OPENING OF CANVASS.</li> <li>IN CASE THE PROVINCE OF DAVAO DEL NORTE WILL O<br/>BE PROCURED FROM MY/OUR ESTABLISHMENT, THE STOP</li> </ol> | FFICIALLY NOTIFY THAT THE ITEMS WILL |  |  |  |  |
| NAME OF ESTABLISHMENT<br>ADDRESS<br>Please check V.A.T. PhilGEPS Registration No.:  |                                      |  |  |  |  |
| whether VAT Non-V.A.T.  | SIGNATURE                            |  |  |  |  |
| T.I.N. No TEL./FAX No. :  | PRINTED NAME                         |  |  |  |  |
| CANVASS BY:   |                                      |  |  |  |  |
| Signature Over Printed Name   | POSITION                             |  |  |  |  |