

Republic of the Philippines
Province of Davao del Norte
BIDS AND AWARDS COMMITTEE
 Government Center, Mankilam, Tagum City

Quotation No. : C20213031

Date : July 05, 2021

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PR Number : 2106-3183

PURSUANT TO THE PERTINENT PROVISION OF REPUBLIC ACT NO. 9184 AND ITS IMPLEMENTING RULES AND REGULATIONS, PLEASE QUOTE YOUR UNIT, TOTAL AND GRAND/LOT PRICE OF THE ITEMS LISTED 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 No.	Qty./Unit	Item	Quotation	
			Unit Price	Total Amount
1	1 pcs	MOP WITH SQUEEZER Red, Heavy Duty Bucket	_____	_____
2	2 pcs	MOP WITH SQUEEZER Yellow, Heavy Duty Bucket	_____	_____
3	1 pcs	MOP WITH SQUEEZER Green, Heavy Duty Bucket	_____	_____
4	30 packs	GARBAGE BAG - Black, XL Terms & Conditions: 1. The supplier shall supply products which are made of polyethylene (PE).	_____	_____
5	37 packs	GARBAGE BAG - Black, Large Terms & Conditions: 1. The supplier shall supply products which are made of polyethylene (PE).	_____	_____
6	15 gal	DISINFECTANT LIQUID CLEANER Terms & Conditions: 1. The supplier shall provide a cleaner which is not chlorine based and does not contain inorganic acids, such as sodium hypochlorite and hypochlorite. 2. The supplier shall supply products with adequate instructions for proper use and disposal.	_____	_____

FOR USE OF TAGUM CITY COVID-19 ISOLATION FACILITIES (SUPPORT & MAINT. - OPERATIONS)

Approved Budget for the Contract : P 50,000.00

PLACE OF DELIVERY : PGSO Warehouse

DATE OF OPENING OF CANVASS: July 09, 2021

TIME OF OPENING OF CANVASS: 09:00:00 AM

VERY TRULY YOURS,

EMELIA C. PALERO, CPA
 (Prov'l. Budget Officer)

*SUPPLIERS MUST SPECIFY/INDICATE BRAND NAMES UPON QUOTATION
 Failure to specify, may be a ground for disqualification.*

*THE WINNING BIDDER SHALL BE REQUIRED TO SUBMIT A WARRANTY
 SECURITY/CERTIFICATE DURING DELIVERY OF THE ITEM.*

I HEREBY CERTIFY:

- 1) THE ABOVE PRICES OF THE ITEMS HEREIN DESCRIBED ARE CURRENT AND VALID FOR 120 DAYS FROM DATE OF THE OPENING OF CANVASS.
- 2) IN CASE THE PROVINCE OF DAVAO DEL NORTE WILL OFFICIALLY NOTIFY THAT THE ITEMS WILL BE PROCURED FROM MY/OUR ESTABLISHMENT, THE STOCKS ARE READILY AVAILABLE OFF-THE-SHELF.

NAME OF ESTABLISHMENT _____	
ADDRESS _____	
Please check whether VAT or Non-VAT	<input type="checkbox"/> V.A.T. <input type="checkbox"/> Non-V.A.T.
PhilGEPS Registration No.: _____	
T.I.N. No. _____	TEL./FAX No. : _____

SIGNATURE

PRINTED NAME

CANVASS BY: _____

Signature Over Printed Name

POSITION

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Item No.	Qty./Unit	Item	Quotation	
			Unit Price	Total Amount
7	30 bot	HANDWASHING GEL	_____	_____
8	30 tins	DISINFECTANT SPRAY, 510g	_____	_____
Terms & Conditions: 1. The supplier shall supply products which do not contain ethylene-diamine-tetra-acetate (EDTA) nor alkyl phenol ethoxylates (APEO). 2. The supplier shall supply products with detailed instructions on maximizing product performance and indications for the proper use and waste disposal. 3. The supplier shall supply product containing no Chlorofluorocarbon (CFC) or other ozone depleting substances.				
9	10 pcs	MOP HANDLE, Heavy Duty	_____	_____
10	20 pcs	MOP HEAD, Heavy Duty	_____	_____
* * * GRAND/LOT PRICE : P _____				

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

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NAME OF ESTABLISHMENT _____
 ADDRESS _____
 Please check whether VAT V.A.T. Non-VAT Non-V.A.T.
 PhilGEPS Registration No.: _____
 T.I.N. No. _____ TEL./FAX No. : _____

 SIGNATURE

 PRINTED NAME

CANVASS BY: _____

Signature Over Printed Name

 POSITION