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Republic of the Philippines

Province of Davao del Norte BIDS AND AWARDS COMMITTEE

Government Center, Mankilam, Tagum City

PR Number : 2107-3719

Quotation No. : C20213429 Date : July 23, 2021

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PURSUANT TO THE PERTINENT PROVISION OFREPUBLIC 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	Qty./Unit	Item	Quotation			
No.	QUY . / UNIT		Unit Price To	tal Amount		
1	1 unit	Printer Ink Type system L120				
		* * * GRAND/LOT PRICE : P				
	The following docum a) Mayor's/Busines	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				

or the used of Davao del Norte Hospital, IGacos Zone		
Approved Budget for the Contract : P5,500.00		
PLACE OF DELIVERY : PGSO Warehouse		
DATE OF OPENING OF CANVASS: July 29, 2021	_	
TIME OF OPENING OF CANVASS: 09:00:00 AM	- VERY TRULY YOURS,	
SUPPLIERS MUST SPECIFY/INDICATE BRAND NAMES UPON QUOTATION Failure to specify, may be a ground for disqualification.	ENGR. GLENN A. OLANDRIA	
THE WINNING BIDDER SHALL BE REQUIRED TO SUBMIT A WARRANTY SECURITY/CERTIFICATE DURING DELIVERY OF THE ITEM.	(Provincial Engineer)	
FROM DATE OF THE OPENING OF CANVASS. 2) IN CASE THE PROVINCE OF DAVAO DEL NORTE WILL O BE PROCURED FROM MY/OUR ESTABLISHMENT, THE STO		
NAME OF ESTABLISHMENTADDRESS	_	
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	