Republic of the Philippines

Province of Davao del Norte BIDS AND AWARDS COMMITTEE

Government Center, Mankilam, Tagum City

PR Number: 2107-3809

Ouotation No. : C20213530

Date: July 30, 2021

Page :

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	36 PCS	COTTON RUG		
2	8 PCS	MAGIC MOP		
3	5 PCS	FAUCET CHROME		
4	10 PCS	TOILET PUMP HEAVY DUTY		
		* * * GRAND/LOT PRICE : P		
	m	4111		

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

FOR THE USED OF DAVAO DEL NORTE HOSPITAL, IGACOS ZONE

12,700.00 Approved Budget for the Contract: P PLACE OF DELIVERY: PGSO Warehouse

DATE OF OPENING OF CANVASS: August 05, 2021 TIME OF OPENING OF CANVASS: 09:00:00 AM

SUPPLIERS MUST SPECIFY/INDICATE BRAND NAMES UPON QUOTATION

Failure to specify, may be a ground for disqualification.

VERY TRULY YOURS,

ENGR. GLENN A. OLANDRIA

(Provincial Engineer)

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 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