

REPUBLIC OF THE PHILIPPINES Department of Health

NATIONAL CENTER FOR MENTAL HEALTH

Nueve de Febrero Street, Mandaluyong City, Philippines



BIDS AND AWARDS COMMITTEE

Telephone No. 531-9001 loc. 239

Telefax No. 5318318

E-mail: bacncmh@yahoo.com

Website: www.ncmh.gov.ph

SOLICITATION NO.: NCMH-Small Value Procurement Supply and Delivery of Polo Shirt (ISO-QMO) CY2021

REQUEST FOR QUOTATION

June 11, 2021

Dear Sir/Madame:

Please quote your lowest price on the items herewith attached, subject to the General Conditions, and stating the shortest time of delivery. Submit your <u>SEALED QUOTATION</u> using this form duly signed by your authorized representative together with the documentary requirements not later than <u>June 15, 2021, 5:00PM</u>. Kindly transact / address directly at the BAC Secretariat Office. For inquiries, you may call 85319001 local 239 or 85318318/

Respectfully yours,

SIGNED
JERRY C. RODRIGUEZ, MGM-ESP
Supervising Administrative Officer
Head Secretariat, Bids and Awards Committee

General Conditions:

- 1. Bid offer must meet the minimum technical specifications.
- 2. Delivery period shall be within a maximum period of <u>seven (7) calendar days</u> upon receipt of approved Purchase Order (PO) / Notice to Proceed (NTP) / Notice to Delivery (NTD).
- 3. Price validity and payment terms shall be for a minimum period of thirty (30) calendar days.
- 4. Documentary requirements: (Current and Valid)
 - a. Mayor's / Business Permit (Attached Official Receipt)
 - b. PhilGEPS Registration Number
 - c. Income / Business Tax Return
 - d. Omnibus Sworn Statement (For Corporation – Attached Corporate Secretary Certificate) (For Sole Proprietorship – Attached Special Power of Attorney)
- 5. Failure to comply with the stated general conditions constitutes disqualification.
- 6. The NATIONAL CENTER FOR MENTAL HEALTH reserves the right to reject any or all bids, to waive any defect, and accept such bids advantageous to the government, and that it reserves the right to rescind the contract and debar the dealer from entering in future biddings of the center.

Notes:

- All documents must be Certified True Copy (CTC). Bidder's certification is acceptable.
- On documents (licenses, certificates and / or registrations) for renewal, bidders are required to attach Official Receipt (OR) as proof of payment.
- Documentary requirements must be arranged in the above sequence / order and placed in a folder. This form (RFQ) must be in a sealed envelope. Both folder

(documentary requirements) and envelope (price quotation) should be placed on an envelope of any color with proper label <u>as shown below.</u> Bidder may opt to use their own company letterhead using the format below.

MARKING / LABEL OF PRICE QUOTATION

1. Sealed Price Quotation Envelope:

| Supply and | Request for Quotation Delivery of (Title of the Project) CY2021 |
|------------|---|
| 1 | Item/s bided: |
| 2 | |
| | Name of Company / Bidder: Tel. No: Fax No: |

2. Documentary Requirements Folder:

| Supply and | Request for Quotation Delivery of (Title of the Project) CY2021 |
|-------------|---|
| _ | Item/s bided: |
| 1 | |
| 2. _ | |
| | Name of Company / Bidder: |
| | Tel. No: |
| | Fax No: |

3. Mother Envelope:

Request for Quotation Supply and Delivery of (<u>Title of the Project</u>) CY2021

Name of Company / Bidder: Tel. No: Fax. No:

DO NOT OPEN ON OR BEFORE: (indicate closing date PhilGEPS)

SUPPLY AND DELIVERY OF POLO SHIRT (ISO-QMO) CY2021

| QTY. | UNIT OF MEASURE | ITEM SPECIFICATION | NCMH ABC | Bidder's Offer |
|------|--------------------|---|--|------------------------------|
| 120 | Piece | Polo Shirt, honeycomb style with collar and buttons, combination of Azure-White and Teal-White color, with 1 logo embroidery in front and two-line text print at the back | UNIT PRICE: ₱605.00 TOTAL PRICE: ₱72,600.00 | UNIT PRICE: P TOTAL PRICE: P |
| | | TOTAL | ₱72,600.00 | |

| Brand and Model: | if applicable | | |
|------------------|---|--|--|
| Delivery Period: | Max of 7 calendar days | | |
| Warranty: | Min of 1 year (equipment) | | |
| Price Validity: | Min of 30 calendar days | | |
| Payment Terms: | Min of 30 calendar days | | |
| | | | |
| | SUBMITTED AND CONFORMED BY: | | |
| | | | |
| | COMPANY NAME | | |
| | COMPANY ADDRESS | | |
| | COMITANT ADDICESS | | |
| | PRINTED NAME AND SIGNATURE OF REPRESENTATIVE | | |
| | REFRESENTATIVE | | |
| | DESIGNATION | | |
| | | | |
| | CONTACT NUMBER/S | | |

