

Republic of the Philippines Department of Education National Capital Region Schools Division Office of Muntinlupa City

September 17, 2024

REQUEST FOR PRICE QUOTATION (RFQ)

Please quote your lowest price, inclusive of taxes on the item/s listed below, not higher than **One Hundred Twenty Thousand Four Hundred Six Pesos (P 120,406.00)** being the Approved Budget for the Contract (ABC) and submit the signed and sealed quotation to the Office of the BAC Chair, thru the Receiving Section of the SDO, **on or before September 20, 2024; 10:00 am**. Quotations higher than the ABC shall be rejected.

For more information, please contact Ms. Lourdes V. Rodilla/Mr. Joseph D. Nilo/Ms. Joiche I. Luna, BAC Secretariat Members at Tel. No. (02) 8829-2308 loc. 129/120 or at <u>sdomuntinlupabacsec@gmail.com</u>.

MADELINE ANN L. DIAZ

BAC Vice Chairperson

ltem No	Qty.	Unit	Item Description	PRICE		
				ABC	QUOTE	
				ABC	Unit	Tota
			LOT 1			
PRO	CUREN	IENT O	F WEIGHING SCALE (WITH HEIGHT AND WEIGHT) AND	FAMILY GERMIC	IDAL BAR	SOAP
	4	unit	Weighing Scale with Height and Weight	P 104,000.00		
			Features:			
			Superior accuracy			
			Heavy duty understructure			
			Die cast beam and aluminum on black insert			
			Easily read from either side			
1			Factory assembled			
Т			Capacity: 400 lb x 4 oz (180 kg x 100 g)			
			Platform Size: 10 - ½ x 14 - ½ inches (267 x 368 mm)			
			Height Rod: Measures 30 – 78 inches (76 - 198 cm)			
			Scale Height: 59 inches (1.5 m)			
			Carton Size: Height 57" x Width 19 ½" x Length 5 ½"			
			20 kg (Note: assembled by the supplier)			
			Note: with Certificate of Calibration			
2	631	рс	Family Germicidal Bar Soap, 60 g	P 16,406.00		
			TOTAL	P 120,406.00		





sdo.muntinlupa@gmail.com

Terms of Payment: Payment shall be made by the Procuring Entity through Land Bank's LDDAP-ADA/Bank Transfer Facility or through Land Bank's cheque whichever is the preferred payment of the supplier, not later than sixty (60) days after submission of an invoice or claim by the Supplier. Bank Transfer fee shall be charged against the creditor's account.

Contract Duration	5 Calendar Days		
Mayor's Permit No:	Contact Number:		
Issued on:	Landline No.:		
Issued at:	Mobile No.:		
SEC/CDA/DTI Registration No.:	Name of Owner / Authorized Representative:		
PhilGEPS Registration No.:	Signature:		

Important Terms

Each supplier shall fill-up this Request for Price Quotation Form with the following attachments:

- photocopy of the valid business permit/ mayor's permit
- photocopy of PhilGEPS registration
- photocopy of the Income Tax Return (if the ABC is above PhP 500,000.00)
- notarized original copy of the Omnibus Sworn Statement (if the ABC is above PhP 50,000)

All technical specifications are mandatory. Suppliers shall indicate the brand, model, and complete specification of the offered commodity. The form must be signed by the owner/ authorized representative. Should there be submission of a separate quotation with a different declared amount, the quote in the RFQ prevails.

Failure or non-compliance with the above-cited pre-requisites shall be grounds for the supplier's disqualification.