

# REQUEST FOR QUOTATION

## For Supply and Full Installation of Air Conditioning System for Korean-Philippines Friendship Hospital, Trece Martires City, Cavite

\_\_\_\_\_  
*Name of Company*

\_\_\_\_\_  
*Complete Company Address*

Date: September 5, 2018

RFQ No.: NLONTOC-RFQ-271-2018

PR No.: 2018-8-1490/8-10-18

PHILGEPS Ref. No.: 5610239

**To whom it may concern:**

Please quote your lowest price/s on the lot or item/s below, subject to General Conditions indicated herein, stating the shortest time of delivery and submit your quotation duly signed by your official representative not later than **September 12, 2018 at 5:00 PM** to the **BAC Office, 2/F Provincial Capitol Bldg., Brgy. San Agustin, Trece Martires City.**

Very truly yours,  
**RENATO A. ABUTAN**  
 BAC-A Chairman

**CANVASSERS'S CERTIFICATION**

This is to certify that I have full knowledge, authority and responsibility in distributing and/or collecting the Request for Quotation in accordance to the guidelines in securing prices for **Office of the Provincial Governor** of the Provincial Government of Cavite.

\_\_\_\_\_  
 (Printed Name & Signature)  
**AUTHORIZED CANVASSER**

PLEASE QUOTE: **PER ITEM**

BIDDER'S PROPOSAL BOX

No	ITEM DESCRIPTION (Item Name & Technical Specifications)	QTY.	UNIT	APPROVED BUDGET OF CONTRACT (ABC)	FINANCIAL PROPOSAL (Indicate the Price Offer)		TECHNICAL PROPOSAL	DELIVERY (days/weeks)
					Unit Price	Total Price		
	Air Conditioning System	1	lot	714,000.00				
	**see page 2 for the specifications**							
	<b>TOTAL</b>			<b>714,000.00</b>				

- GENERAL CONDITIONS**
1. All entries must be legibly handwritten or typewritten;
  2. Bidders must submit necessary business permits (SEC, LGU, DTI, CDA, BIR Certificate, etc.) and PhilGEPS Online Registration/Certification;
  3. Place this RFQ in a sealed envelope and type the following details on the face of the envelope:  
 Company Name  
 RFQ No.  
 PR No.  
 PHILGEPS Reference No.
  4. Delivery period must be at least within \_\_\_\_\_ calendar days from date of the Notice to Proceed (Indicate the days of delivery in the Bidder's Proposal box)
  5. Item/s delivered must have warranties for unit replacements, parts, labor or other services;
  6. Price validity shall be for a period of three(3) months;
  7. Quoted prices must be inclusive of taxes, and other charges or fees and shall not exceed the Approved Budget for the Contract (ABC);
  8. If Bid is accepted, the supplier undertakes to provide a performance security in the form, amounts, and within the times specified in the Revised IRR of R.A. 9184;
  9. It is understood that the Provincial Government of Cavite is not bound to accept the Lowest Calculated Bid or any Bid it may receive;
  10. Transaction with the Provincial Government of Cavite shall mean compliance by the winning bidder with the bid and delivery requirements before the issuance of check payment;
  11. Failure to comply with these conditions shall mean disqualification of your bid proposal.

**SUPPLIER/CONTRACTOR/CONSULTANT'S CERTIFICATION**

Date: September 12, 2018

After having carefully read and accepted your General Conditions, I/we quote you on the item/s at price/s noted above for immediate delivery and shipment, which can be made in \_\_\_\_\_ days from receipt of the Notice To Proceed.

\_\_\_\_\_  
 Printed Name & Signature  
 of Authorized Representative

\_\_\_\_\_  
 Company Tel./Fax/Mobile No.

\_\_\_\_\_  
 Company Tax Identification No. (TIN)

**\*Attach Certificate of Registration (BIR)**

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PLEASE QUOTE: **PER ITEM**

BIDDER'S PROPOSAL BOX

No.	ITEM DESCRIPTION (Item Name & Technical Specifications)	QTY	UNIT	APPROVED BUDGET OF CONTRACT (ABC)	FINANCIAL PROPOSAL (Indicate the Price Offer)		TECHNICAL PROPOSAL	Delivery (days/weeks)
					Unit Price	Total Price		
	Supply and Full Installation of Air Conditioning System	1	Lot	714,000.00				
	<i>Includes:</i>							
	1.5HP, Wall Mounted Split-Type, Inverter, 1 Phase	2						
	0.75HP, Window Type, ICOOL, 1 Phase	2						
	3.0TR, Floor Standing Split-Type Inverter, 1 Phase	4						
	<b>TOTAL</b>			<b>714,000.00</b>				

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Printed Name & Signature  
of Authorized Representative**