

Republic of the Philippines
Province of Davao del Norte
BIDS AND AWARDS COMMITTEE
 Government Center, Mankilam, Tagum City

Quotation No. : C20213292

Date : July 16, 2021

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PR Number : 2107-3675

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	60 pcs.	ALCOHOL, RUBBING ,ISOPROPHYL 70% 500ML		
* * * GRAND/LOT PRICE			:	P

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 use of PASSO,DDN

Approved Budget for the Contract : P 6,000.00

PLACE OF DELIVERY : PGSO Warehouse

DATE OF OPENING OF CANVASS: July 22, 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
 (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 whether VAT V.A.T. Non-V.A.T.

or Non-VAT PhilGEPS Registration No.: _____

T.I.N. No. _____ TEL./FAX No. : _____

SIGNATURE

PRINTED NAME

CANVASS BY: _____
 Signature Over Printed Name

POSITION