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| PR# 2024-0218 |

 **January 22, 2024**

 Date

**REQUEST FOR QUOTATION**

2024-57

(SVP)

**INSTRUCTIONS:**

1. Bidders are required to read the instructions and fill all the blanks properly.
2. Prospective Bidders/Suppliers may submit their own canvass form in accomplishing their bid proposals/quotations subject to the condition that the DARFO VI official RFQ form shall be filled up (with offered brand, unit price and total price), signed properly and attached together with the Bidder’s/Supplier’s own canvass form. (Please write legibly)
3. Any erasure or alteration in the unit and/or total price shall render the offer of the supplier invalid.
4. Any specifications other than those required/stated in this form shall not be considered in the evaluation of bids.
5. Quotation(s) must include all kinds of taxes for the item(s)/services listed hereunder, including delivery charges.
6. The brand name/model of the offered item(s)/product(s) or services must be indicated, if applicable/required.
7. Sealed Quotation(s) / Proposal(s) shall be manually submitted to DA Western Visayas, BAC Secretariat Office, RCPC Building, DA-WESVIARC., Brgy. Buntatala, Jaro, Iloilo City with the **Name of Supplier, PR Number, and Deadline for Submission**.
8. **DEADLINE** FOR SUBMISSION OF BIDS**: January 29, 2024 at 1:00 pm.**
9. Price quotation(s) submitted shall be valid for a period of 45 days reckoned from the deadline for submission of quotations.
10. Awarding shall be done for the whole lot. Partial bids shall not be allowed.
11. Validity of stocks: 60 days
12. Terms of payment: within 15 days after inspection and acceptance and shall be made through Land Bank’s LDDAP-ADA/Bank Transfer facility. Bank Transfer fee, if any, shall be charged against the creditor’s account.
13. Delivery period: 60 days
14. Delivery point: RSL Satellite Lab, WESVIARC, Jaro and RSL Main, Parola, Iloilo City
15. The period of submission of the following documents are as follows:

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| **Document** | **Submission Period\*** |
| Certified True Copy of Valid**Mayor’s/Business Permit** | Should be submitted upon submission of Request for Quotation |
| Certified True Copy of **PhilGEPS****Registration Number** (Red or Platinum) |
| **Omnibus Sworn Statement**(for ABC above Php 50,000.00) |
| **Income Tax Return**(for ABC above Php 500,000.00) |

1. Non-receipt of a Notice of Award within a period of 30 calendar days from the deadline of the submission of the RFQ is presumed that this offer is non-responsive.

**PR No. 2024- 0218 ABC: Php 368,600.00 End-User: BABYLOU T. MAGDAUG**

**Solicitation No. 2024-34 Contact No.: 336-2873**

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| --- | --- | --- | --- | --- | --- |
| **Quantity** | **Unit** | **Item Description** | **Brand Name /Model Offered** | **Unit Price** | **Total** |
|  |  | **Procurement of Supply and Delivery of Calibration/Verification of Laboratory Supplies** |  |  |  |
|  |  | **RSL Satellite Lab** |  |  |  |
| 1 | Unit | Analytical Balance, Denver Instrument, TB-214, 220g |  |  |  |
| 1 | Unit | Analytical Balance, Shimadzu, AU-220; 0.1-220g |  |  |  |
| 2 | Unit | Thermohygrometer, Digisense |  |  |  |
| 1 | Unit | Burette, Rotaflo (MBL) |  |  |  |
| 3 | Unit | Bottle-top dispenser, 25ml, dispensette |  |  |  |
| 1 | Unit | Bottle-top dispenser, 50ml, dispensette |  |  |  |
| 1 | Unit | Mohr pipette, 1ml, fortuna |  |  |  |
| 3 | Unit | Mohr pipette, 2ml, fortuna/pyrex |  |  |  |
| 3 | Unit | Mohr pipette, 5ml, pyrex |  |  |  |
| 3 | Unit | Mohr pipette, 10ml, pyrex |  |  |  |
| 1 | Unit | Mohr pipette, 25ml, pyrex |  |  |  |
| 1 | Unit | pH meter, ohaus starter 3100 |  |  |  |
| 5 | Unit | Volumetric flask, 25ml, pyrex, ISOLAB, fortuna, MBL |  |  |  |
| 5 | Unit | Volumetric flask, 50ml, ISOLAB |  |  |  |
| 5 | Unit | Volumetric flask, 250ml, pyrex |  |  |  |
| 1 | Unit | Volumetric flask, 500ml, pyrex |  |  |  |
| 1 | Unit | Volumetric flask, 1l, pyrex |  |  |  |
| 3 | Unit | Volumetric flask, 2l, pyrex |  |  |  |
| 1 | Set | Weights, 2g, 5g, 50g, 200g |  |  |  |
| 1 | Unit | Moisture analyzer, intelligent technology |  |  |  |
| 1 | Unit | Top loading balance, Ohaus, 5kg |  |  |  |
| 11 | Unit | Micropipette, 1ml, 5ml, 10ml thermoscientific/smart gen-next |  |  |  |
| 1 | Unit | Fumehood, Phil lab |  |  |  |
|  |  | **RSL Main Lab** |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| 2 | Unit | Analytical Balance |  |  |  |
| 2 | Unit | Toploading Balance |  |  |  |
| 1 | Unit | pH Meter, Oakton pH700 |  |  |  |
| 1 | Unit | Bottle top dispenser 50ml, scilogex dispenseMate plus |  |  |  |
| 1 | Unit | Single channel pipettor, 200ul, Watson nexty |  |  |  |
| 2 | Unit | Single channel pipettor, 5ul, thermos scientific finnpipette |  |  |  |
| 3 | Unit | Single channel pipettor, 10ul, thermos scientific finnpipette |  |  |  |
| 5 | Unit | Thermohygrometer, digisense/traceable |  |  |  |
| 1 | Set | Weights, 2g, 5g, 50g, 200g |  |  |  |
| 1 | Unit | Fumehood, fabricated |  |  |  |
|  |  | **FCAL Lab** |  |  |  |
| 2 | Unit | Analytical balance |  |  |  |
| 2 | Unit | Toploading balance |  |  |  |
| 1 | Unit | Burette |  |  |  |
| 1 | Unit | Fumehood, fabricated |  |  |  |
|  |  | Terms and Conditions: |  |  |  |
|  |  | 1. Bidder must be ISO 17025:2017 accredited and the scope of accreditation should cover the required specification of end-user hence proof of these should be submitted with the bid/quotation
2. Calibration certificate must include measurement uncertainty and traceable to the international standards of measurement
3. Calibration/verification stickers must be provided
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|  |  | **TOTAL** |  |  |  |

For the Bids and Awards Committee:

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**MS. HUSSEIN A. DEROTAS ATTY. ROLIN M. ASUNCION**

GEPS Posted**/**DA Website/1 conspicuous place Head, BAC-Secretariat

**DA WESTERN VISAYAS**

Bids and Awards Committee

WESVIARC, Hamungaya,

Jaro, Iloilo City

**SIR / MADAM:**

In connection with the above request, I/we submit our quotation indicated above. I/We have carefully read and fully understood the minimum requirements and agree to furnish and/or deliver in conformity with the specifications any or all said articles described above within the date stipulated herein.

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| --- | --- | --- | --- | --- |
| Signature over Printed Name |  |  | Registered Name of Company | Tax Identification Number |
|  |  |  |  | (Indicate VAT or non-VAT registered) |
|  |  |  | \_  |   |
| Address |  |  | Contact number(s) | E-mail Address |
| \_ \_ Banking Institution |  |  |  Branch |  Account Name |
| Account Number |  |  |  | Date Accomplished |