

PR No. 2024-1915

November 12, 2024 Date

REQUEST FOR QUOTATION 2024-1230 (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. Sealed Quotation(s) / Proposal(s) shall be **manually submitted** to DA Western Visayas, Procurement Service Office, RCPC Building, DA-WESVIARC., Brgy. Buntatala, Jaro, Iloilo City with the **Name of Supplier, PR Number, and Deadline for Submission**.
- 7. DEADLINE FOR SUBMISSION OF BIDS: November 20, 2024 at 5:00 pm.
- 8. Price quotation(s) submitted shall be valid until the last day of training/activity.
- 9. Awarding shall be done for the whole lot. Partial bids shall not be allowed.
- 10. Validity of stocks: not applicable.
- 11. Terms of payment: within 15 days after inspection and acceptance and shall be made through Land Bank's LDDAP-AD_
- 12. A/Bank Transfer facility. Bank Transfer fee, if any, shall be charged against the creditor's account.
- 13. Delivery point: SAAD Office Field Operation Division, Parola, Iloilo City
- 14. Delivery period: 30 calendar days upon receipt of Notice to Proceed
- 15. The period of submission of the following documents are as follows:

Document	Submission Period*
Certified True Copy of Valid	
Mayor's/Business Permit	Should be submitted
Certified True Copy of PhilGEPS	upon submission of
Registration Number (Red or Platinum)	Request for
Omnibus Sworn Statement	Quotation
(for ABC above Php 50,000.00)	
Income Tax Return	7
(for ABC above Php 500,000.00)	

- 16. Non-receipt of a Notice of Award within a period of 30 calendar days from the deadline of the submission of the RFQ is presumedethat this offer is droph-responsive
 - DAWesternVisayas



PR No. 2024-1915 ABC: Php 117,523.00 Contact No. 327-34-60 End-User: Ryan Rasgo Solicitation No. 2024-758

Quantity	Unit	Item Description	Brand Offer	Unit Cost	Total
		Procurement of Supply & Delivery of Drugs and Biologics			
32	kilogram	Electrolytes + Dextrose+Multivitamins + Glycine			
19	kilogram	Amoxicillin + Tylosin + Bromhexine			
14	Box	Multivitamins//Minerals/B- Complex/Electrolytes/Amino Acids/Pro Biotics 20gx20/box			
32	kilogram	Calcium + Mineral +Vitamins			
14	kilogram	Vitamin A, D3, E, K3, B2, B12, Calpan + Niacin + KCL+NAHC03 +NACL + Zinc +Bacitracin			
		Terms and Condition:			
		Inform the General Services Unit of the delivery schedule thru a letter 7-10 days prior actual delivery			
		All product should BAI registered			
		All product with two (2) years expiration from the date of delivery			
		All product with special label "Government Property Not For Sale"			
		With product brochure			
		All product should be company packed			
		Supplier should have atleast an establishment in Western Visayas or Joint Venture Agreement otherwise			
		TOTAL			





REIN T. OROCIO 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.

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

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