



## Republic of the Philippines **DEPARTMENT OF AGRICULTURE WESTERN VISAYAS**

Parola, Fort San Pedro, Iloilo City westernvisayas@mail.da.gov.ph | (033) 336-4221

PR# 2025-0731

**April 14, 2025**Date

### REQUEST FOR QUOTATION

2025-504 (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, 3<sup>rd</sup> Floor Regional Field Office 6, Parola, Iloilo City with the **Name of Supplier, PR Number, and Deadline for Submission**.
- 8. **DEADLINE** FOR SUBMISSION OF BIDS: April 21, 2025 at 12:00 noon.
- 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: 30 days upon receipt of NTP
- 14. Delivery point: RADDL, DA-WV 6, Parola, Iloilo City
- 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 <b>PhilGEPS</b>              | upon submission of    |
| <b>Registration Number</b> (Red or Platinum)        | Request for Quotation |
| Omnibus Sworn Statement                             |                       |
| (for ABC above Php 50,000.00)                       |                       |
| Income Tax Return<br>(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 presumed that this offer is non-responsive.





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PR No. 2025-0731 Solicitation No. 2025-328 ABC: Php 350,000.00 End-User: ZARLINA B. CUELLO Contact No.:

| Quantity                 | Unit | Item Description   | Brand Name<br>/Model Offered | Unit<br>Price | Total |
|--------------------------|------|--|------------------------------|---------------|-------|
|                          |      | Procurement of Supply and Delivery of AIV Antigen and  |                              |               |       |
|                          |      | Antiserum  |                              |               |       |
| 2                        | vial | AIV H5N3 HI Antigen  |                              |               |       |
| 2                        | vial | AIV H7N7 HI Antigen  |                              |               |       |
| 2                        | vial | AIV H5N1 HI Antigen  |                              |               |       |
| 2                        | vial | AIV H7N1 HI Antigen  |                              |               |       |
| 2                        | vial | AIV H5N8 HI Antigen  |                              |               |       |
| 2                        | vial | AIV H5N1 Antiserum   |                              |               |       |
| 2                        | vial | AIV H5N8 Antiserum   |                              |               |       |
| 2                        | vial | AIV H7N7 Antiserum   |                              |               |       |
| 2                        | vial | AIV H7N1 Antiserum   |                              |               |       |
| 1                        | vial | IB antigen   |                              |               |       |
| 1                        | vial | ILT Antigen  |                              |               |       |
| 1                        | vial | IB antiserum   |                              |               |       |
| 1                        | vial | ILT Antiserum  |                              |               |       |
| Terms and<br>Conditions: |      | AIV Neuraminidase part may be change depends on availability of supply and arrangement to supplier |                              |               |       |
| Expiration:              |      | Not less than 1 year after delivery  |                              |               |       |
|                          |      | TOTAL  |                              |               |       |

| For | the | Bids | and | Awar | ds ( | Committee: |
|-----|-----|------|-----|------|------|------------|
|-----|-----|------|-----|------|------|------------|

REIN T. OROCIO

Head, BAC-Secretariat

### **DA WESTERN VISAYAS**

Bids and Awards Committee Regional Field Office 6, Parola, 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 VAT or non-VAT registered) |
|-----------------------------|----------------------------|--|
| Address                     | Contact number(s)          | E-mail Address   |
| Banking Institution         | Branch                     | Account Name   |
| Account Number              |                            | Date Accomplished  |