



REQUEST FOR QUOTATION

The Civil Aviation Authority of the Philippines (CAAP-Main Office), through its Canvass and Contract Committee (CCC), will undertake a Small Value Procurement for the "**COVID 19 Kit for the use of covid 19 positive CAAP employees**" in accordance with Section 53.9 of the Implementing Rules and Regulations of Republic Act No. 9184.

RFQ No. : **C21-044-08**
Name of Project : **COVID 19 Kit for the use of covid 19 positive CAAP employees**
Approved Budget for: **Php210,500.00**
Specifications : See the attached Annex "B" for specifications
Location : Procurement Division, CAAP, MIA Road, Pasay City
Delivery Term : **20 calendar days** from the receipt of Notice for Compliance

Interested suppliers are required to submit their valid and current following documents in a sealed envelope:

1. Mayor's Permit;
2. Income/Business Tax Return for ABC's above P500,000;
3. PHILGEPS Registration Number;
4. Tax Clearance;
5. Omnibus Sworn Statement for ABC's above P50,000; (a. Form must be in accordance with Section 25.3, 2016 IRR b. Authorized representative must attach Special Power of Attorney (SPA) for Sole Proprietorship Certificate/Secretary Certificate for Corporation)
6. Price quotation from (Annex "A") during submission of offer/Quotation and,
7. Brochure if applicable

Price quotation/s must be valid for a period of thirty (30) calendar days from the date of submission.

Quotations exceeding the Approved Budget for the Contract shall be rejected.

Award of contract shall be made to the lowest quotation, which complies with the minimum description as stated above and other terms and conditions stated in the price quotation form. In case two or more bidders are determined to have submitted the Lowest Calculated/Lowest Calculated and Responsive Quotation, CAAP-CCC shall adopt and employ "draw lots" as the tie breaking method to finally determine the single winning provider in accordance with GPPB Circular 06-2005.

The CAAP-TIAC shall have the right to inspect and/or test the goods to confirm their conformity to the technical specifications.

Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by the bidder or his/her duly authorized representative/s.

Liquidated damages equivalent to one tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. CAAP shall rescind the contract once the cumulative amount of liquidated damaged reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.

OSCAR B. DEMETILLO, JR.
CCC-Chairperson



PRICE QUOTATION FORM

Date: _____

The Chairperson
Canvass and Contract Committee
Procurement Division, CAAP,
MIA Road, Pasay City

Sir/Ma'am:
After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our quotation/s for the item/s as follows:

Description			
COVID 19 Kit for the use of covid 19 positive CAAP Employees			
Specification	QTY.	Unit Price	Total Price
Please see attached specifications at Annex "B"			
		• Inclusive of Delivery	
		Total (Inclusive of VAT)	

(Amount in Words) _____

The above-quoted prices are inclusive of all costs and applicable taxes.

Very truly yours,

Name/Signature of Representative

Position

Name of Company

Contact No.

Email Address



Republic of the Philippines
CIVIL AVIATION AUTHORITY OF THE PHILIPPINES

CBA(410)-21-04-0181
 April 19, 2021
 J-02-03-080

April 14, 2021

PR No.

Purchase Request

Stock No.	Unit	Item Description	Qty	Unit Cost	Total Cost
	Pcs.	Customized Go Bag Kit	50	300.00	15,000.00
	Pcs.	Pulse Oximeter	50	1,800.00	90000.00
	Pcs.	Digital Thermometer	50	200.00	10,000.00
	Bxs.	Multivitamins Sodium Ascorbate w/ Zinc			
		500mg./ 10mg. Cap.100's	8	1,500.00	12,000.00
	Bxs.	Paracetamol 500mg. 100's	8	1,000.00	8,000.00
	Bxs.	Ambroxol 75mg. (Mucolytic) 100's	4	4,025.00	16,100.00
	Bxs.	Butamirate Citrate 50mg./ Tab 100's	8	2,343.75	18,750.00
	Bxs.	Montelukast+levocitizine 10mg/5mg 100's	4	3,062.50	12,250.00
	Bxs.	Oral Rehydration Solution 25's	14	500.00	7,000.00
	Bxs.	Loperamide 2mg./Cap 100's	5	1500.00	7,500.00
	Pcs.	Pull-up Tissue 2ply	50	35.00	1,750.00
	Pcs.	Toothbrush	50	75.00	3,750.00
	Pcs.	Tooth Paste 25ml.	50	30.00	1,500.00
	Pcs.	Bath Soap 60g.	50	38.00	1,900.00
	Bot.	Shampoo 90ml.	50	100.00	5,000.00

xxxxxNothing Followxxxxx

REQUIREMENTS:

1. The expiration date of items to be offered should not be less than one (1) year from the date of manufacture.

TOTAL 210,500.00

Prepared by:

Signature *Sherman T Nazaire*
 Printed Name: **SHERMAN T NAZAIRE, MD**
 Designation: **AME**

Submitted by:

Signature *Rolly T. Bayaban*
 Printed Name: **ROLLY T. BAYABAN, MD**
 Designation: **CHIEF OFSAM**

Funds Available:

Signature *Jocelyn L. Ching*
 Printed Name: **JOCELYN L. CHING**
 Designation: **Department Manager III, Finance Dept.**

Approved by:

Signature *Bgen. John L. Estabillo*
 Printed Name: **BGEN. JOHN L. ESTABILLO AFP (RET.)**
 Designation: **DDG For Administration**



INSULATED Thermal Bag

* Made from PVC

* Color: Black

* Dimension:

12" x 11" x 8"