



**REQUEST FOR QUOTATION**

Date: June 6, 2023  
RFQ.: BDC 2023-004

Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Permit No.: \_\_\_\_\_  
TIN No.: \_\_\_\_\_  
PhilGEPS Registration No.: \_\_\_\_\_

**PROCUREMENT: Supply and Delivery of Toner for HR and PTB Photocopier of Iloilo International Airport**

Please quote your best offer for the item/s described below, subject to the Terms and Conditions provided on this request for quotation. Submit your quotation duly signed by you or your duly representative and must send copies of eligibility requirements (**Business Permit, PhilGEPS Certificate of Registration, Certified True Copy of Sole & Only Distributor and Service Center of SHARP Photocopier including its peripherals/accessories, consumables and spare parts, and Special Power of Attorney for Sole Proprietorship/ Secretary Certificate for Corporation and Certificate of sole distributorship**) not later than **June 13, 2023 at 1:30 PM.**

Interested bidder must submit this RFQ and Price Quotation in the Bidder's/Supplier's Letterhead sealed in an envelope addressed to the BAC Chairman. Kindly review Terms and Conditions attached herewith.

**(SGD.) ROBERTO B. MONTELIJAO JR.**  
Procurement Officer

**TERMS AND CONDITIONS:**

1. Bidders must provide **correct and accurate** information required in this form.
2. Only **authorized representative** shall be allowed to sign the Request For Quotation in behalf of the owner/ corporation.
3. Bidders must quote for all the items.
4. Price quotation/s must be valid for a period of Thirty (30) calendar days from the date of submission.
5. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.
6. Quotations exceeding the Approved Budget for the Contract shall be rejected.
7. Award of contract shall be made to the lowest quotation (for goods and infrastructure) or, the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
8. Any interlineations, erasures or overwriting shall be valid only if they are signed or initiated by you or any of your duly authorized representative's
9. The item/s shall be delivered within **Fifteen (15)** calendar days from the receipt of Purchase Order (PO).
10. The GPPB-TSO shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
11. Liquidated damages equivalent to one tenth of one percent (0.001%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. The GPPB-TSO shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.

After having carefully read and accepted the Terms and Conditions, I/we submit our quotation/s for the item/s as follows:

| ITEM DESCRIPTION                            | Quantity (QTY) | Approved Budget of the Contract | OFFER |            |             |   |   |    |         |  |
|---|----------------|---------------------------------|-------|------------|-------------|---|---|----|---------|--|
|   |                |                                 | PRICE |            |             | BRAND indicate brand or generic (mandatory) | Compliance with Technical Specifications (Please Check) |    | REMARKS |  |
|   |                |                                 | QTY   | Unit Price | Total Price |   | Yes   | No |         |  |
|   |                | <b>PHP 16,725.00</b>            |       |            |             |   |   |    |         |  |
| 1 Toner AR-016FT, AR-5320 Photocopier (PTB) | 1 pc           |                                 |       |            |             |   |   |    |         |  |
| 2 Toner AR-021FT, AR-5520 (HR)              | 1 pc           |                                 |       |            |             |   |   |    |         |  |
|   |                |                                 |       |            |             |   |   |    |         |  |
|   |                |                                 |       |            |             |   |   |    |         |  |
| <b>TOTAL</b>                                |                |                                 |       |            |             |   |   |    |         |  |

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Contact Number (Landline and/ or Cellphone Nos)/Email Address