

Republic of the Philippines CIVIL AVIATION AUTHORITY OF THE PHILIPPINES

Office of the Bids and Awards Committee Brgy. Ga-ub Cabatuan, Iloilo

Telefax: (033) 321 1950 / (033) 329 9500 loc 3266

REQUEST FOR QUOTATION

| | Date: | July 6, 2021 | | |
|----------------------------|-------|---------------|--|--|
| | RFQ.: | BSVP 2021-013 | | |
| Name of Company: | | | | |
| Address: | | | | |
| Business Permit No.: | | | | |
| TIN No.: | | | | |
| PhilGEPS Registration No : | | | | |

PROCUREMENT: REPAIR AND MAINTENANCE OF FORD TRACTOR MOWER AT 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,

Annual Income Tax Return/Business Tax Return/Tax Clearance, Omnibus Sworn Statement, PhilGEPS Certificate of Registration and Special Power of Attorney for Sole Proprietorship/ Secretary Certificate for Corporation) not later than July 9, 2021 at 9:00 AM.

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.) ATTY. FRANCES SHANELLE G. SALINAS

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 auote 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 ther are signed or initiated by you or any of your duly authorized.
- 9. The item/s shall be delivered within Fifteen (15) calendar days from receipt of purchase order.
- 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 withn 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:

| | | | | | OFFER | | | | | | |
|---|---------------------------------------|---|---------------------------------------|-------------------------|-------|---|-------|---|---------|----|--|
| | ITEM DESCRIPTION Quantity (QTY) | | Approved Budget of the Contract | PRICE OTTAL Unit Total | | BRAND Complia indicate Tech brand or Specific | | ance with nnical ications c Check) | REMARKS | | |
| | | | | | QTY | Price | Price | -37 | Yes | No | |
| | | | | PHP 99,500.00 | | | | | | | |
| 1 | Front tires 14.9x24 | 2 | pcs | | | | | | | | |
| 2 | Hydraulic pump | 1 | pc | | | | | | | | |
| 3 | Hydraulic pump adoptor | 1 | pc | | | | | | | | |
| 4 | Fuel Filter | 2 | pcs | | | | | | | | |
| | Labor | | | | | | | | | | |
| | | | | | | | | | | | |
| | Scope of Work: | | | | | | | | | | |
| | Mounting and replace tire front tires | | | | | | | | | | |
| | Replace hydraulic pump and adoptor | | | | | | | | | | |
| | Change fuel filter | | | | | | | | | | |
| | Testing and turn over | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | TOTAL | | | | | | | | | | |

| Signature over Printed Name | | | | | | |
|---|--|--|--|--|--|--|
| | | | | | | |
| Contact Number (Landline and/ or Cellphone Nos)/Email Address | | | | | | |