

REQUEST FOR QUOTATION

Date: <u>May 26, 2025</u> RFQ No.: <u>AREA6-ILO-</u> <u>SVP-2025-025</u>

Name of Company	•
Address	·
Business Permit No.	•
TIN No.	:
PhilGEPS Registration No. :	

Sir/Madam:

Please quote your **best offer** for the item/s described herein addressed to:

(Sgd.) JOEL C. GERVERO

Chairperson, Bids and Awards Committee Civil Aviation Authority of the Philippines Iloilo International Airport, Cabatuan, Iloilo Email: bac_area6@caap.gov.ph Telephone No.: (033)-3211950; (033)-3299500 loc. 3266

Subject to the Terms and Conditions provided on this Request for Quotation (RFQ). Submit your quotation duly signed by you or your duly authorized representative in **sealed envelope** included herein, **not later than June 03, 2025 @ 10:30 AM** for:

Name of the Project:	Supply and Delivery of Printers for Billing and Collection Units of Area Center VI
Location:	lloilo International Airport

The following documents are also required to be submitted along with your quotation on the specified deadline above:

a) Mayor's Permit (Certified True Copy)

b) PhilGEPS Certificate of Registration (Certified True Copy)

c) Income/Business Tax Return

d) Original Notarized Omnibus Sworn Statement

e) Original Secretary's Certificate for Corporation & Cooperative

f) Original Special Power of Attorney (SPA) for Sole Proprietorship (if applicable)





For any clarification, you may contact us at telephone no. or email address provided.

(Sgd.) CARLO A. ALUTAYA Head, Bids and Awards Committee Secretariat **(Sgd.) JIMS BERNARD DE LA CUESTA** Assistant, Bids and Awards Committee Secretariat

TERMS AND CONDITIONS:

1) Bidders must provide correct and accurate information required in this form.

2) Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by you or any of your authorized representative/s.

3) Only authorized representative shall be allowed to sign the Request for Quotation in behalf of the owner/ corporation.

4) Bidders must quote for all the items. Please do not leave any blank items. Indicate **"0"** if item being offered is for free.

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

6) Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.

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

8) Award of contract shall be made to the **lowest quotation** (for goods and infrastructure) which complies with the minimum technical specifications, requirements and other terms and conditions stated herein.

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 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:

					OFFER							
ITEM DESCRIPTION		Quantity (QTY)		Approved Budget of the Contract	PRICE			BRAND indicate brand or generic (mandat ory)	Complia nce with Technical Specifica tions (Please Check)		Rema rks	
				Php 526,330.00	QTY	Unit Price	Total Price		Yes	No		
1	Dot Matrix Printer – FX 2190ll	14	unit									
	Specifications:											
	Pins: 9											
	Туре: АЗ											
	Paper Handling: Cut Sheets/Continu ous paper/Envelope Label/Card/Roll Paper											
	Columns CPI: 136											

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Republic of the Philippines CIVIL AVIATION AUTHORITY OF THE PHILIPPINES

Speed CPS: 615 Ultra high speed draft					
Input Buffer: N/A					
Interface: Parallel/USB 2.0					
Copy Capability: 1+4					
TOTAL					

Signature over Printed Name

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

