

REQUEST FOR QUOTATION

NAME OF SUPPLIER: _____
OFFICE ADDRESS : _____

QUOTATION NO. SVRM-2020-12
DATE PREPARED: 14 July 2021

Please quote your lowest price on the item/s listed below, subject to the General Condition on the last page, stating the shortest time of delivery and submit in a sealed envelope, your quotation duly signed by you/authorized representative not later than 7 working days after receipt hereof.

NOTE:

- All entries must be legibly written/typewritten.
- Delivery period within **7 calendar days** upon receipt of NTP.
- Submit a Performance Security within **10 days** upon receipt of Notice of Award (NOA).
when applicable. ☒ Required ☐ Not Required
- Price validity shall be for a period of **120 days** calendar days.
- a. Certified True Copy of **PhilGEPS Registration** shall be attached upon submission of the quotation.
b. Certified True Copy of Accreditation of Professional Pest Management Operator duly recognized by Food and Drug Administration-Department of Health Required ☒ Not Required ☐
- Deadline of Submission on 21 July 2021 at **1:00 P.M.**
- Opening of Quotation on 21 July 2021 at **1:30P.M.**
- The following requirements and its attachments shall be submitted as soon as possible time but not later than the issuance of Notice of Award (NOA) as per Annex "H" of revised IRR of R.A. 9184:
 - Certified True Copy of Barangay Certification for **CY 2021** issued Barangay Office where the principal office is located;
 - Certified True Copy of Mayor's/Business Permit for **CY 2021** issued by the City or Municipality where the principal office is located;
 - Certified True Copy of Latest income and Business Tax Returns for **CY 2020**;
 - Omnibus Sworn Statement (attached pro-forma).

ALEX A. INCENTE

Acting Division Manager A / BAC-EP/PGCS Chairperson

ITEM NO.	ITEMS AND SPECIFICATIONS	QTY	UNIT	PRICE/ UNIT	TOTAL COST
1	Pest (Termite) Control and Preventive Maintenance for Port Buildings and Facilities	1.00	lot		
	Scope of Work:				
	Supply equipment, materials, labor, transportation & supervision for pest control activity	xxxxxxx	xxxxxxx	xxxxxxxxxxx	
	a. Termite Attractant	xxxxxxx	xxxxxxx	xxxxxxxxxxx	
	b. Wood Interceptor	xxxxxxx	xxxxxxx	xxxxxxxxxxx	
	c. Ground Stations	xxxxxxx	xxxxxxx	xxxxxxxxxxx	
	d. Above Ground Stations				
	For following buildings to wit:	xxxxxxx	xxxxxxx	xxxxxxxxxxx	
	1. PM's Quarter	xxxxxxx	xxxxxxx	xxxxxxxxxxx	
	2. Old PM's Quarter	xxxxxxx	xxxxxxx	xxxxxxxxxxx	
	3. Operations Building A	xxxxxxx	xxxxxxx	xxxxxxxxxxx	
	4. Operations Building B	xxxxxxx	xxxxxxx	xxxxxxxxxxx	
	5. Admin. Building	xxxxxxx	xxxxxxx	xxxxxxxxxxx	
	Post treatment activity requirement:	xxxxxxx	xxxxxxx	xxxxxxxxxxx	
	1. Monitoring of termite activity in and around the target site	xxxxxxx	xxxxxxx	xxxxxxxxxxx	
	2. Delivery of a slow acting insect growth regulator to kill the target infestation	xxxxxxx	xxxxxxx	xxxxxxxxxxx	
	3. Continuous monitoring for the prevention of termite re-infestation after colony elimination has been achieved	xxxxxxx	xxxxxxx	xxxxxxxxxxx	
	4. The monitoring devices and baits are installed along the outside perimeter of the structure	xxxxxxx	xxxxxxx	xxxxxxxxxxx	
	5. Two (2) visits a month for the first three (3) months and monthly visits thereafter will be done to monitor possible termite activity in each station for one year duration	xxxxxxx	xxxxxxx	xxxxxxxxxxx	
		xxxxxxx	xxxxxxx	xxxxxxxxxxx	
Total Amount of Bid in Figures					
Total Amount of Bid in Words (inclusive of 12% VAT and all other taxes):					

Plans and Specifications: See attached location plan.

Ref: PR No.: DAV-10374-21, dtd July 13, 2021

Purpose: Preventive Maintenance of Buildings

After having carefully read and accepted your General Conditions, I/We quote you on the item at prices noted above.

NOTE: YES NO DATE

POSTED AT PHILGEPS. _____

REQUESTED FOR POSTING AT PPA WEBSITE ☐ ☐ _____

By:

Name and Signature, BAC Secretariat

PRINTED NAME/SIGNATURE

TEL NO. / CELLPHONE NO.

DATE