



Republic of the Philippines
Department of Science and Technology
PHILIPPINE SCIENCE HIGH SCHOOL - CENTRAL MINDANAO CAMPUS
BIDS AND AWARDS COMMITTEE
Nangka, Balo-i, Lanao del Norte
Telephone Nos. (063) 836-0098

REQUEST FOR QUOTATION

The Philippine Science High School – Central Mindanao Campus, through its Bids and Awards Committee, intends to apply the sum of Two Hundred Ten Thousand Four Hundred Pesos & 00/100 (Php 210,400.00.00) being the Approved Budget for the Contract (ABC) to pay for the Procurement of Paper Shredder and Airconditioning Unit for CID/Library/Lab. With the following description:

Item	Unit	Description	Quantity	Unit Cost	Total Cost
1	pc	Paper shredder Strip cut, 29 or higher sheet capacity Shred size of 6.35 mm or ¼" 241.3mm or 9 ½" feed opening Shredder speed: 8ft/min Security level 2 55 dba noise level Can shred papers, paper clips, staples, credit cards, cd's floppy disk Bin capacity 9.5 gallon	1	37,000.00	37,000.00
2	pc	Floor standing split type inverter Power supply: 1PH/220-240V/60Hz Cooling capacity 37.980kJ/h Rated current 19.5A Rated power 3200W EER 12.8 Dehumidifying volume 3.8L/h Sound level: 56/51 dB(A)	3	57,800.00	173,400.00
		TOTAL			210,400.00

The PSHS-CMC now invites suppliers to submit price quotations for the above items. Please submit your quotations/proposals duly signed by you or your authorized representative not later than December 27, 2016, up to 4:00 pm for the items described below, subject to the Terms and Conditions provided at the dorsal portion of this request for quotation (RFQ).

Quotations may be submitted manually at the address and contact number indicated above.

For any clarification, you may contact Mr. Ian Cris L. Cadile through cellphone no. 09275159601 or email address at iancris2003@yahoo.com.

FRANKLIN L. SALISID
Chairman, PSHS-CMC BAC

TERMS AND CONDITION

1. Bidders shall provide **correct and accurate information** required in this form.
2. Quotations must be placed inside an envelope and duly sealed.
3. Delivery/completion within fifteen (15) working days upon receipt of approved Purchase Order (PO).
4. **Price quotation/s** must be valid for a period of one hundred twenty (120) calendar days from the date of submission.
5. Price quotation/s, to be denominated in **Philippine pesos** include all taxes, duties, and/or levies payable.
6. **Award of contract** shall be per item basis and shall be made to the lowest and responsive quotation which complies with the terms and conditions stated herein.
7. Bidder must **submit a copy** of the following documents together with his quotations/proposals to ensure that the said consultant is technically, legally and financially capable to undertake the proposed project:
 - **Mayor's permit** issued by the city or municipality where the principal place of business of the prospective bidder is located;
 - **PhilGEPS certificate** of registration;
 - **Income/Business Tax return;** and
 - **Omnibus Sworn Statement**
8. All submitted documents **must be signed** in the bottom by the bidder or any authorized representative and place it in an envelope and must be sealed.
9. The PSHS-CMC reserves the right to accept or reject any bid, and to annul the bidding process and reject all bids at any time prior to contract award, without thereby incurring any liability to the affected bidder or bidders.



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REQUEST FOR QUOTATION FORM

PROSPECTIVE SUPPLIER:

Date: December 21, 2016

May we request for quotation on materials enumerated hereunder. If you are interested and in a position to furnish the same, we shall be glad to have your best prices.

In case of failure to make the full delivery/completion within the time specified as offered/required, the supplier/contractor shall be liable for liquidated damages/penalty of one-tenth (1/10) of one percent (1%) of the Contract Price per calendar day of delay minus the value of the delivered/completed portion(s) of the approved PO/Contract.

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		TOTAL			

Very truly yours,

Prices in the above offer are certified true and correct:

FRANKLIN L. SALISID
Chairman, BAC

Authorized company representative:

(Signature over Printed Name)

Company Name: _____

Address: _____

Tel. Nos: _____

TIN: _____