Republic of the Philippines
Province of Davao del Norte
BIDS AND AWARDS COMMITTEE
Government Center, Mankilam, Tagum City

Quotation No. : C20211496

PR Number : 2103-1511

Date : <u>March 30, 2021</u>

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PURSUANT TO THE PERTINENT PROVISION OFREPUBLIC ACT NO. 9184 AND ITS IMPLEMENTING RULES AND REGULATIONS, PLEASE QUOTE YOUR UNIT, TOTAL AND GRAND/LOT PRICE OF THE ITEMS LISTED HEREUNDER, WHICH THE PROVINCE OF DAVAO DEL NORTE DESIRES TO PURCHASE. SHOULD THE BIDS AND AWARDS COMMITTEE FIND YOUR PRICE REASONABLE, RESPONSIVE AND LOWEST IN THE MARKET , YOU WILL BE OFFICIALLY NOTIFIED AS TO THE DATE OF DELIVERY. IN CASE THERE IS A FAILURE OF DELIVERY AND/OR LATE DELIVERIES, LIQUIDATED DAMAGES SHALL BE IMPOSED AND BE CHARGED AGAINST YOUR PRESENT OR FUTURE TRANSACTIONS. THE PROVINCIAL GOVERNMENT OF DAVAO DEL NORTE RESERVES THE RIGHT TO ACCEPT OR REJECT ANY BID, TO ANNUL THE BIDDING PROCESS, AND TO REJECT ALL BIDS ANY TIME PRIOR TO CONTRACT AWARD, WITHOUT THEREBY INCURRING ANY LIABILITY TO THE AFFECTED BIDDER/S.

Item No.	Qty./Unit	Item	Quotation	
			Unit Price	Total Amount
1	2 PALE	CLORINE GRANULES FOR CHLORINATOR MACHINE 40 KGS/ PALE	_____	_____
		NOTE:		
		* USED FOR DRINKING WATER.		
		* * * GRAND/LOT PRICE : P		_____

Terms and Condition :
The following documentary requirements shall be submitted together with the Price Quotation Form or Canvass as requisite for award:
   a) Mayor's/Business Permit
   b) PhilGEPS Registration Number

FOR THE USED OF DAVAO DEL NORTE HOSPITAL, IGACOS ZONE

Approved Budget for the Contract : P _____14,000.00_____

PLACE OF DELIVERY : PGSO Warehouse

DATE OF OPENING OF CANVASS:__**April 08, 2021**_____

TIME OF OPENING OF CANVASS:__**09:00:00 AM**_____

VERY TRULY YOURS,

ENGR. GLENN A. OLANDRIA
(Provincial Engineer)
BAC CHAIRPERSON

I HEREBY CERTIFY:
   1) THE ABOVE PRICES OF THE ITEMS HEREIN DESCRIBED ARE CURRENT AND VALID FOR 120 DAYS
      FROM DATE OF THE OPENING OF CANVASS.
   2) IN CASE THE PROVINCE OF DAVAO DEL NORTE WILL OFFICIALLY NOTIFY THAT THE ITEMS WILL
      BE PROCURED FROM MY/OUR ESTABLISHMENT, THE STOCKS ARE READILY AVAILABLE OFF-THE-SHELF.

NAME OF ESTABLISHMENT _____

ADDRESS _____

Please check whether VAT or Non-VAT

☐ V.A.T.
☐ Non-V.A.T.

PhilGEPS Registration No.:

T.I.N. No. _____   TEL./FAX No. : _____

CANVASS BY: _____
       Signature Over Printed Name

_____
SIGNATURE

_____
PRINTED NAME

_____
POSITION