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Republic of the Philippines

Province of Davao del Norte BIDS AND AWARDS COMMITTEE

Government Center, Mankilam, Tagum City

PR Number : 2103-1742

Quotation No.: C20211608

Date : April 07, 2021

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PURSUANT TO THE PERTINENT PROVISION OF REPUBLIC 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.

tem	Qty./Unit	74	Quot	Quotation	
No.		Item	Unit Price	Total Amount	
1	30 PACK	DISPOSABLE INOCULATING LOOP 10UL 100'S			
2	20 GAL	DISTILLED WATER 6LITERS			
emarks		ERED 5 CALENDAR DAYS UPON RECEIPT OF P.O DELIVERY IS ACCEPTED & NO REQUEST FOR E GRANTED			
		* * * GRAND/LOT PRICE : P			
	Terms and Cor The following docum a) Mayor's/Busines b) PhilGEPS Regis	entary requirements shall be submitted together with the Price Quotation Formula Section Formu	n or Canvass as requisite	for award:	

FOR USE OF PHO-WATER LABORATORY

Approved Budget	for the Contract	: P	28,400.00	
PLACE OF DELIVER	Y : PHO			
DATE OF OPENING	OF CANVASS: Apri	1 15,	2021	
TIME OF OPENING				

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 V.A.T. Ph	ilGEPS Registration No.:	
or Non-VAT Non-V.A.T.		SIGNATURE
T.I.N. No TEL./FA	XX No.:	PRINTED NAME
CANVASS BY:		
Signature Over Printed	Name	POSITION