Republic of the Philippines

Province of Davao del Norte BIDS AND AWARDS COMMITTEE

Government Center, Mankilam, Tagum City

PR Number : 2107-3856

NAME OF ESTABLISHMENT _

V.A.T.

Non-V.A.T.

Signature Over Printed Name

ADDRESS ______Please check

whether VAT

or Non-VAT

T.I.N. No.

CANVASS BY:

Quotation No.: C20213544

SIGNATURE

PRINTED NAME

POSITION

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

Page: 1

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 RIDS ANY TIME PRIOR TO CONTRACT AWARD. WITHOUT THEREBY INCLIRRING ANY LIABILITY TO THE AFFECTED RIDDER/S

| tem | Qty./Unit | Item | | Quotation | | | | |
|-----------|------------------|--|--------------------------------------|--------------------|----------|--------|--|--|
| 10. | Zc3./ 0111C | | | Unit Price | Total A | Amount | | |
| 1 | 25 VIAL | BLOOD TYPING SERA ANTI A &B, 10ML | | | | | | |
| 2 | 25 VIAL | BLOOD TYPING SERA, ANTI D,10ML | | | | | | |
| 3 | 100 BOTS | ALCOHOL, 70%, ISOPROPHYL,500ML | | | | | | |
| 4 | 20 BOXES | ADHESIVE TAPES/SURGICAL(1/2" X 10YD) | | | | | | |
| 5 | 50 BOXES | ADHESIVE BANDAGES STRIPS/TAPES,100'S | ADHESIVE BANDAGES STRIPS/TAPES,100'S | | | | | |
| 6 | 5 GAL | SOAKING SOLUTION | | | | | | |
| 7 | 100 BOXES | FACE MASK, 3PLY WITH EARLOOP, 50'S, HYPOALLERGENIC, FDA APPROVED | | | | | | |
| 8 | 100 BOXES | FACE MASK, N95,5 LAYER FILTRATION, GREEN, 50'S, FDA APP HYPOALLERGENIC | PROVED, | | | | | |
| 9 | 50 PCS | HAND SOAP, BIG, 200GRAMS | | | | | | |
| 10 | 50 PCS | DETERGENT POWDER, 55 GRAMS | | | | | | |
| 11 | 50 PACKS | SMOOTH CELLOPHANE, STANDARD SIZE, WHITE, 100'S | | | | | | |
| 12 | 15 BOTS | SINK & TILE DISINFECTANT CLEANER, 1000ML | | | | | | |
| | TRANSACTION | ST BE WITHIN TAGUM CITY FOR FAST & EASY | , | | | | | |
| OR USE OF | F PEEDO DAVAO DE | nditions for DISINFECTANT, DETERGENT, HAND SO L NORTE BLOOD CENTER LABORATORY he Contract: P176,750.00 | | | | | | |
| | | EEDO DAVAO DEL NORTE BLOOD CENTER BLI | OGMANKILAM. | TAGUM CITY | | | | |
| | | NVASS: August 05, 2021 | ,, | | | | | |
| | | NVASS: 09:00:00 AM | VER | Y TRULY YOUR | S, | | | |
| | | /INDICATE BRAND NAMES UPON QUOTATION ay be a ground for disqualification. | ENGR. | GLENN A. OLA | NDRIA | | | |
| | | LL BE REQUIRED TO SUBMIT A WARRANTY TE DURING DELIVERY OF THE ITEM. | (F | Provincial Enginee | r) | | | |
| 1 | FROM DATE O | RICES OF THE ITEMS HEREIN DESCRIBED AF F THE OPENING OF CANVASS. PROVINCE OF DAVAO DEL NORTE WILL OFF | ICIALLY NOTIF | Y THAT THE I | TEMS WII | LL | | |

PhilGEPS Registration No.:

TEL./FAX No. :

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| Item | /IIni+ | T+om. | | Quot | ation | |
|------|--------|---------|------|-------|-------|--------|
| No. | 701111 | I Celli | Unit | Price | Total | Amount |

FOR DISINFECTANT SPRAY:

- 1. The supplier shall supply products which do not contain ethylene-diamine-tetra-acetate (EDTA) nor alkyl phenol ethoxylates (APEO).
- 2. The supplier shall supply products with detailed instructions on maximizing product performance and indications for the proper use and waste disposal.
- 3. The supplier shall supply product containing no Chlorofluorocarbon (CFC) or other ozone depleting substances.

FOR DETERGENT POWDER:

- 1. The supplier shall supply products which do not contain ethylene-diamine-tetra-acetate (EDTA) nor alkyl phenol ethoxylates (APEO).and active ingredients as linear alkybenzene sulfonate.
- 2. The supplier shall supply products with adequate instructions for proper use and disposal.

There shall be a minimum purchase of half kilo for this item.

FOR HAND SOAP:

- 1. The supplier shall supply products which do not contain ethylene-diamine-tetra-acetate (EDTA) nor alkyl phenol ethoxylates (APEO), and active ingredients as linear alkybenzene sulfonate.
- Purchase in sachets shall not be allowed.
- 3. The supplier shall supply products with adequate instructions for proper use and disposal.

FOR PLASTIC TRASH BAG

1. The suppliers shall supply products which are made of polyethylene (PE).

FOR TOILET PAPER

| FOR USE OF PEEDO DAVAO DEL NORTE BLOOD CENTER LABORATORY | |
|--|--------------------------|
| Approved Budget for the Contract: P176,750.00 | |
| PLACE OF DELIVERY : PEEDO DAVAO DEL NORTE BLOOD CENTER BI | LDG.,MANKILAM,TAGUM CITY |
| DATE OF OPENING OF CANVASS: August 05, 2021 | |
| TIME OF OPENING OF CANVASS: 09:00:00 AM | VERY TRULY YOURS, |
| SUPPLIERS MUST SPECIFY/INDICATE BRAND NAMES UPON QUOTATION Failure to specify, may be a ground for disqualification. | ENGR. GLENN A. OLANDRIA |
| THE WINNING BIDDER SHALL BE REQUIRED TO SUBMIT A WARRANTY SECURITY/CERTIFICATE DURING DELIVERY OF THE ITEM. | (Provincial Engineer) |

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. | PhilGEPS Registration No.: | |
| whether VAT Non-V.A.T. | | SIGNATURE |
| T.I.N. No TEL | /FAX No. : | PRINTED NAME |
| CANVASS BY: | | |
| Signature Over Prin | ted Name | POSITION |

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| Item | Obs. /II | | T. | | | Quot | Quotation | | | |
|------------|---------------------------------|--------------------------|-----------------------------|--------------|---------------------|--------------------------|---------------|--|--|--|
| No. | Qty./Unit | ty./Unit Item | | Unit Price | Total Amount | | | | | |
| 1. The su | pplier shall supply paper wh | ich is at least Elemen | tal Chlorine Free (ECF). | | | | | | | |
| 2. The co | re as well as any paper wrap | pping and carton box إ | packing must be strong e | enough for | storage and transi | it. | | | | |
| FOR TOI | LETS AND URINALS | | | | | | | | | |
| 1. The no | minal full flush volume shall | not exceed 6.0 1/flus | h (for urinals 2.0 1/flush) | | | | | | | |
| 2. Toilets | (toilet suites delivering a ful | I flush volume of more | e than 4.0 liters and toile | t flushing s | system shall be equ | uipped with a water-savi | ing | | | |
| device. T | he reduced flush volume sha | all not exceed 3.0 1/flu | ush. | · · | | | | | | |
| 3. The su | pplier shall supply products | which are packaged ir | n materials that should b | e recyclab | le. | | | | | |
| | | * * * GI | RAND/LOT PRICE | : | P | | | | | |
| | Terms and Cond: | ition : | | | | | | | | |
| | The following document | ary roquiroments shall | Il ha submitted together | with the D | rica Quatation Form | m or Canvace as roquisi | to for award. | | | |

a) Mayor's/Business Permit

b) PhilGEPS Registration Number

FOR USE OF PEEDO DAVAO DEL NORTE BLOOD CENTER LABORATORY

| Approved Budget for the Contract: P176,750.00 | |
|--|------------------------------|
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| NAME OF ESTABLISHMENTADDRESS | |
|---|--------------|
| Please check whether VAT or Non-VAT Non-V.A.T. PhilGEPS Registration No.: | SIGNATURE |
| T.I.N. No TEL./FAX No. : | PRINTED NAME |
| CANVASS BY: Signature Over Printed Name | POSITION |