



Name of Procuring Entity : **DSSC** Purchase Request No. : **2021-04-0173**
 Revised On : _____ Date : **April 29, 2021**
 Standard Form Title : **REQUEST FOR QUOTATION** Office/End User : **School Clinic**

*Company Name : _____
 *Address : _____
 *Contact No. : _____ *TIN NO. []VAT []NONVAT : _____
 *Bank Account Name (LBP) : _____ *Bank Account Number (LBP) : _____

TERMS AND CONDITIONS:

- All Entries must be type written of legibly written.
- Place of Delivery : Davao del Sur State College Delivery Period : **within 30 days** upon receipt of the approved funded Purchased Order (PO).
 Date of Delivery : _____ Payment Term : _____
 Please be informed that upon receipt of the approved funded Purchase Order (PO). Administrative Penalties pursuant to Sec. 69 of the revised IRR-RA 9184 shall be imposed for non-delivery without valid reason.
- Warranty shall be at **three (3) Months** for supplies and materials, **one (1) year** for Equipment from date of acceptance by end user.
- Price Validity shall be for a period of _____ Calendar days.
- Updated and certified PhilGEP's Registration Certificate. Mayors permit, and SEC/DTI shall be enclosed in the submission of quotation in a sealed envelope.
- Bidders must properly fill-up and quote on all items specified.
- Please indicate the Brand and/or Model for each items being offered and/or submit original brochures showing certification of the product (if applicable).
- A bid document fee of (Php _____) will be collected and included in the submission of quotation as provided in section 17.4 of IRR of RA-9184.
- That the DSSC Bids and Award Committee reserved the right to accept or reject any or all bid, and annul the bidding process any time before contract award without incurring any liability to the affected bidders.
- The approved budget ceiling for this procurement is, **Php 225,000.00**

Please quote your lowest price on the item(s) listed below, subject to the Terms and Conditions stipulated and submit your quotation duly signed by your representative not later than 05:00 pm of _____ in the return envelope attached herewith to the BAC Secretariat, DSSC, Davao del Sur or send through email to psu@dssc.edu.ph

EDUARDO F. AQUINO, MS
 BAC Chairman

ITEM NO.	ITEMS AND DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE
1	Air Purifier-28-34 sqm capacity. Multi layered purification with heap filter, with humidifying system and multipurpose operation modes.	15			
Purpose: 1. to provide air purifier in each frontline offices. 2. Prevent from airborne molds,microbes, etc. growth. To				Grand Total:	

Brand and Model : _____ Warranty : _____
 Delivery Period : _____ Price Validity : _____

After having carefully read and accepted your General Condition, I / We quote you on the item(s) as prices noted above. If the space for Delivery Period, Warranty and Price Validity are left blank, it means that I / We concur with the Terms and Conditions specified by the DSSC

 Canvasser

 Printed Name / Signature / Date

NOTE: PLEASE FILL UP NECESSARY INFORMATION MARKED AS (*)

