



BIODIVERSITY MANAGEMENT BUREAU
Quezon Avenue, Diliman, Quezon City
Telefax No. 924-6031 local 220

Date: **16-Aug-21**
Quotation No: **0242-08-21**

REQUEST FOR QUOTATION

Company Name

Address

Please quote your lowest price on the item/s listed below, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than _____.


NANCY R. CORPUZ
Chairperson, Bids and Awards Committee

- NOTES: 1. ALL ENTRIES MUST BE TYPEWRITTEN OR PRINTED LEGIBLY.
2. DELIVERY PERIOD IS WITHIN **15** CALENDAR DAYS.
3. WARRANTY SHALL BE FOR A PERIOD OF **SIX (6) MONTHS** FOR SUPPLIES & MATERIALS/**ONE (1) YEAR** FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY.
4. PRICE VALIDITY SHALL BE VALID FOR A PERIOD OF **30** CALENDAR DAYS.
5. PHIL-GEPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION.
6. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED.

Title of Procurement:
Supply and Delivery of KF94 Face Mask
Purpose:
For Official Use of BMB
Approved Budget for the Contract (ABC):
P 500,000.00

ITEM NO.	ITEMS/DESCRIPTIONS	QTY./ UNIT	UNIT PRICE	TOTAL PRICE
	<p>KF94 Disposable Face Mask 4 Ply 50pcs/box Color: Black and Gray</p> <p>Kindly address all proposal to the Chairperson, Bids and Awards Committee</p> <p>Additional Requests from Procuring Entity: <input checked="" type="checkbox"/> Please provide sample upon request of end-user <input checked="" type="checkbox"/> Please see full specifications/attached sample design for reference. <input checked="" type="checkbox"/> Other conditions to this request, please state: preferably FDA-Approved based on the Advisory No. 2020-1181 A (Updated List of FDA Notified Medical Face Mask)</p> <p>Award of contract shall be made to the Bidder per: <input type="checkbox"/> Item basis <input checked="" type="checkbox"/> Lot basis</p> <p>Bidders must submit the following requirements:* 1. DTI/SEC Registration Certificate 2. Mayor's Permit 3. PHILGEPS Certificate of Registration 4. BIR Certificate of Registration</p> <p><small>Important Note: For goods, conforme of the winning bidder must be done within seven (7) calendar days upon serving of the PO. For services, conforme of the winning bidder must be done within fourteen (14) calendar days upon serving of the JO.</small></p> <p><small>*Non-submission of these requirements shall be grounds for disqualification from the bidding process.</small></p>	2000 box	P _____	P _____

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

After having carefully read and accepted your Request for Quotation, I/We quote you on the item at prices noted above.

Printed Name/Signature _____
Tel. No./Cellphone No. _____

Email Address _____

Date

KF94

Breathing Space
4Ply High Quality
Protective Mask

