	BUREAU OF SOILS AND WATER MANAGEMENT	Reference Code:	BSWM_DO_FR_0406	
		Control No.:		
	REQUEST FOR QUOTATION (GOODS)	Effective date:	May 4, 2020	
		Rev. No.	3	Page No.:

(Date)

REQUEST FOR QUOTATION-PMS Use

INSTRUCTION:

1	Bidders are required to read the instructions and fill all the blanks properly. Prospective Bidders/Suppliers are required to use this official canvass form in accomplishing their bid proposals/quotations.
2	Any specifications other than those required/stated in this form shall not be considered in the evaluation of bid.
3	Quotation/s must be the lowest price(s), taxes included for the item(s)/services listed hereunder, including delivery charges.
4	Always indicate the brand name of the offered item(s) or product.
5	Price quotation(s) shall be valid for one hundred twenty (120) calendar days from the date submitted.
6	Terms of payment – Thirty (30) days from delivery of item(s) subject to accounting and auditing rules.
7	Quotation(s)/Proposal(s) shall be submitted to the Procurement Management Section, Bureau of Soils and Water Management, Elliptical Road cor Visayas Ave., Diliman, Quezon City. Submission through Email (bswmpms@gmail.com) is accepted provided that the original quotation will be submitted prior to award if winning bidder.
8	Awarded per item.
9	Please attach the following documents: For Shopping: Copy of (1) PhilGEPS registration number or certificate; (2) mayor's permit, Additional Documents For Small Value Procurement (3) updated Omnibus Sworn Statement for ABC above PhP50K; (4) latest income/business tax return for ABC above PhP500K; (5) PCAB License for Infrastructure Project; and (6) Curriculum Vitae and/or Professional License for Consulting Services.


DEADLINE FOR SUBMISSION OF BIDS: August 24, 2021 at 5:00PM

PR No. **2021-08-1603**

End-User: **Personnel** ABC: **185,500.00**

Source of Fund: **Regular**

Qty	Unit	Item/ Description	ABC Unit Cost	Offered Brand	Unit Price	Total Price
53	pcs	Wellness Kit for Senior Citizens and Persons with Disability (SCPD)	3,500.00			
		Specification:				
		<i>Bag/ Kit (heavy duty)</i>				
		<i>Standard Pulse Oximeter, Large SPO2 and PR display with bargraph display, Multiple applications in hospital, home, community medical treatment and sports treatment, Accurate measurement of SPO2 and PR with storage and lanyard</i>				
		<i>2 boxes of Lola Remedios (food and supplement syrup) per Senior-12 Sachets of 15ml Syrup</i>				
		<i>Resistance Band (8-word latex resistance band elastic gym equipment)</i>				
		<i>Calming oil, oil soothes and relaxes 10 ml roll that stress away</i>				
		<i>Herbal Nasal Inhaler with essential oils (natural remedy for headache, sinus, fever and flu) 10 ml</i>				
		<i>Turmeric tea powder, 10-in-1 Turmeric Tea is composed of 10 different powerful herbs: Pandan, Sambong, Lagundi, Banaba, Ginger, Malunggay, Gynura Procumbens, Lemongrass, Peppermint and Turmeric, (400g pack)</i>				
		<i>Stevia, 100% Natural Zero Calorie Sweetener, Stevia Leaf Extract Sweetener, Erythritol Sweetener, Sugar Substitute, Sugar Free, Diabetes Friendly, Sugar Alternative, 100sticks/box</i>				
		<i>Moringa capsule, 500mg., good for 1mos.</i>				

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NOTE: ALL PRICES ARE INCLUSIVE OF VAT AND CHARGES			
NOTE:	<i>ACCOMPLISHED REQUEST FOR QUOTATION (RFQ) SHOULD BE SUBMITTED TO THE BAC SECRETARIAT'S OFFICE ON OR BEFORE THE DEADLINE FOR SUBMISSION OF BIDS. RFQ's SUBMITTED AFTER THE DEADLINE FOR SUBMISSION OF BIDS SHALL NO LONGER BE</i>		

For the Bids and Awards Committee:

Posted by:



GINA M. ALBERTO
DBM-PhilGEPS Posted

(Sgd) DENISE A. SOLANO
Head, BAC Secretariat

Canvasser

Date of canvass:

Reviewed by Enduser:

Printed Name/Signature/Date

The BSWM Bids and Awards Committee (BAC)
Elliptical Rd., Diliman, Quezon City

Sir/Madam:

In connection with the above request, I/We submit our quotation indicated above. I/We have carefully read and fully understand the minimum requirements and agree to furnish and/or deliver in conformity with specifications any or all said articles described above within thirty (30) calendar days from receipt of Purchase

Signature over Printer Name

Name of Company

TIN Number

Telephone Number(s)

Address

Date Accomplished