

**REQUEST FOR QUOTATION**

Date \_\_\_\_\_

Quotation No. **SVP(A)-2021-007-CTQAL**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please quote your lowest price on the item/s listed below, subject to the Conditions. Kindly submit your quotation duly signed by you or your representative **not later than** \_\_\_\_\_.

**Irene V. Florentino-Fariñas, RPh, MD, MNSA**

Chairperson, FDA-Bids & Award Committee

Name of Project:

**Procurement of Refill of Gases**

Procurement Mode:

**Small Value Procurement (A)**

Classification:

**Goods**

Approved Budget for the Contract (ABC):

**PHP 146,000.00**

ITEM DESCRIPTION/SPECIFICATION	UNIT	QTY.	COST PER ITEM	TOTAL PRICE OFFERED
Acetylene gas, UHP Grade, 95% above purity, refill, with certificate of analysis	pc	6		
Argon gas, UHP Grade, 95% above purity, refill, with certificate of analysis	pc	3		
Hydrogen gas, UHP Grade, 95% above purity, refill, with certificate of analysis	pc	1		
Helium gas, UHP Grade, 95% above purity, refill, with certificate of analysis	pc	1		
Other Requirements: 1. All items must be delivered by the supplier on site ( FDA Cebu) at no cost to the end-user. 2. To be served upon availability of tanks. 3. Processing of payment will be per refill. 4. Allow partial procurement or by line item. 5. Items not procured are subject to re-procurement or re-bidding				
***nothing follows***				
<b>GRAND TOTAL:</b>				

Delivery Period: \_\_\_\_\_

\*Warranty: \_\_\_\_\_

Price Validity: \_\_\_\_\_

After having carefully read and accepted your General Conditions, I/We hereby submit the price quotation on the item/s noted

\_\_\_\_\_  
Printed Name over Signature

Canvassed By:

Tel. No./ Cellphone No. \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Name of Canvasser & Position Title

Date Conducted: \_\_\_\_\_

DTN: 20210210154308

NOTE:

1. ALL ENTRIES MUST BE TYPEWRITTEN OR LEGIBLY HANDWRITTEN. BIDDERS MAY SUBMIT QUOTATIONS PROVIDED THAT ABOVE MATRIX DETAILS ARE COMPLETELY PROVIDED AND SHALL BE SUBMITTED USING COMPANY LETTERHEAD;
2. **DELIVERY PERIOD WITHIN SIXTY (60) 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 FOR A PERIOD OF ONE HUNDRED EIGHTY (180) CALENDAR DAYS:**
5. PHILGEPS REGISTRATION, BIR CERT. OF REGISTRATION, MAYOR'S/BUSINESS PERMIT AND INCOME/BUSINESS TAX RETURN SHALL BE ATTACHED UPON SUBMISSION OF THIS QUOTATION.
6. BIDDERS MAY SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATION OF THE PRODUCT BEING OFFERED, IF APPLICABLE;
7. PLEASE QUOTE YOUR GOVERNMENT PRICE(S) INCLUDING VAT OR OTHER APPLICABLE TAXES AND OTHER INCIDENTAL EXPENSES FOR THE TERMS LISTED/ATTACHED;
8. PLEASE SUBMIT YOUR SEALED QUOTATION/S ADDRESSED DIRECTLY TO:  
**Irene V. Florentino-Fariñas, RPh, MD, MNSA**  
 FDA-BIDS AND AWARDS COMMITTEE  
 ATTENTION: **MS. STEFANIE LOU T. ARIATE AND MS. LORRAINE S. RIVERA**  
 (EMAIL ADD: [sltariate@fda.gov.ph](mailto:sltariate@fda.gov.ph), [lsrivera@fda.gov.ph](mailto:lsrivera@fda.gov.ph) and [bacsec@fda.gov.ph](mailto:bacsec@fda.gov.ph))  
 FDA - CEBU TESTING AND QUALITY ASSURANCE LABORATORY,  
 NORTH ROAD, JAGOBIAO, MANDAUE CITY, CEBU

**DEADLINE OF SUBMISSION OF QUOTATION/S WILL BE BASED ON THE CLOSING DATE AND TIME OF PHILGEPS;**  
 9. LATE BIDS SHALL NOT BE ACCEPTED;

10. FOR OTHER INQUIRIES/CONCERNS ABOUT THE ITEMS, PLEASE CONTACT MS. STEFANIE LOU T. ARIATE and AND MS. LORRAINE S. RIVERA AT TELEPHONE NUMBERS (032) 564-2565 / 0922-8322310 OR LETTER THROUGH EMAIL ADDRESS MENTIONED ABOVE;
11. THE FOOD AND DRUG ADMINISTRATION RESERVES THE RIGHT TO REJECT ANY AND ALL BIDS, DECLARE A FAILURE OF THE PROCUREMENT, OR NOT AWARD THE CONTRACT AT ANY TIME PRIOR TO CONTRACT AWARD IN ACCORDANCE WITH SECTION 41 OF RA 9184 AND ITS IRR, WITHOUT INCURRING ANY LIABILITY TO THE AFFECTED BIDDER OR BIDDERS.

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ITEM DESCRIPTION	UNIT	QTY.	COST PER ITEM	TOTAL PRICE OFFERED
Acetylene gas, UHP Grade, 92% above purity, refill with certificate of analysis	pc	0		
Argon gas, UHP Grade, 92% above purity, refill with certificate of analysis	pc	3		
Hydrogen gas, UHP Grade, 92% above purity, refill with certificate of analysis	pc	1		
Helium gas, UHP Grade, 92% above purity, refill with certificate of analysis	pc	1		
Other Requirements: 1. All items must be delivered by the supplier on site (FDA-Cebu) at no cost to the end-user. 2. To be served upon availability of order. 3. Processing of payment will be per refill. 4. Allow partial payment of the item. 5. Items not procured are subject to procurement or re-ordering.				
***nothing follows***				
<b>GRAND TOTAL:</b>				

Delivery Method:  
 \*Warranty:  
 Price Validity:

After having carefully read and accepted your General Conditions, I/We hereby submit the price quotation on the items noted

Printed Name over Signature

Tel No./Cellphone No.  
 E-mail Address  
 Date

Quoted by:

Name of Quotator & Position Title

DTN: 20210210154308

Date Quoted: