


REQUEST FOR QUOTATION

Date 30-Apr-2021
Quotation No. SVP(A)-2021-004-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 PHILGEPS CLOSING DATE.**


MA. ANGELES D. GUZMAN
Chairperson, V.C-Bids & Awards Committee

Name of Project:	<u>Procurement of Reference Microorganisms</u>
Procurement Mode:	<u>Small Value Procurement (A)</u>
Classification:	<u>Goods</u>
Approved Budget for the Contract (ABC):	<u>PHP 102,400.00</u>

ITEM DESCRIPTION/SPECIFICATION	UNIT	QTY.	COST PER ITEM	TOTAL PRICE OFFERED
Supply and delivery of various Reference Microorganism				
<i>Aspergillus brasiliensis</i> , ATCC 16404, maximum passage 2	pc	1		
<i>Bacillus subtilis</i> , ATCC 6622, maximum passage 2	pc	1		
<i>Bifidobacterium breve</i> , ATCC 15700, maximum passage 2	pc	1		
<i>Candida albicans</i> , ATCC 10231, maximum passage 2	pc	1		
<i>Escherichia coli</i> , ATCC 8739, maximum passage 2	pc	1		
<i>Lactobacillus delbrueckii</i> , ATCC 12315, maximum passage 2	pc	1		
<i>Listeria monocytogenes</i> , ATCC 7644, maximum passage 2	pc	1		
<i>Pseudomonas aeruginosa</i> , ATCC 27853, maximum passage 2	pc	1		
<i>Pseudomonas aeruginosa</i> , ATCC 9027, maximum passage 2	pc	1		
Other Requirements: 1. All items must be delivered by the supplier on site (FDA Cebu Testing and Quality Assurance Laboratory) at no cost to the end-user. 2. Allow partial procurement or by line item.				
nothing follows				
GRAND TOTAL:				

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 above, within the stated delivery period

Canvassed By: _____ Name of Canvasser & Position Title	_____ Printed Name over Signature Tel. No./ Cellphone No. _____ E-mail Address: _____ Date: _____
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Date Conducted: _____

DTN: 20210204151052

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 (90) 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 LATEST INCOME TAX RETURN for Above 500k AND OMNIBUS SWORN STATEMENT, 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:
MA. ANGELES D. GUZMAN
Chairperson, VC-Bids and Awards Committee
ATTENTION: **MS. MA. CATHERINE D. PIQUERO AND MS. LORRAINE S. RIVERA**
(EMAIL ADD: mcadapiton@fda.gov.ph, lsrivera@fda.gov.ph and 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. MA. CATHERINE PIQUERO and AND MS. LORRAINE S. RIVERA AT TELEPHONE NUMBERS 09176491181 / 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.