



REQUEST FOR QUOTATION
27 December 2018

PROCUREMENT NAME: **Provision of Accommodation of Visitors for the Different Activities of the RO for the 1st Semester of CY 2019**

APPROVED BUDGET : **P 50,000.00**

Supplier/Contractor : _____

Address : _____

INSTRUCTIONS

1. Please quote your best offer for the items listed in the attached Canvass.
2. Submit sealed quotation duly signed by you or your authorized representative at DILG Regional Office No. 02, Regional Government Center, Carig Sur, Tuguegarao City, Cagayan thru the BAC Secretariat **not later than 31 December 2018 at 10:00 AM** together with the following documentary requirements:
 - a. Mayor's / Business Permit;
 - b. PhilGEPS Registration Number
 - c. Income/Business Tax Return
 - d. Omnibus Sworn of Statement

For any clarification, you may contact Ms. Magdalena C. Oranda, Chairperson of the BAC Secretariat at (078) 304-7378/1978.

LORNA M. DURWIN
BAC Vice Chairperson



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
Regional Office No. 02, RGC, Carig Sur, Tuguegarao City, Cagayan

CANVASS FORM

December 27, 2018

Date

Supplier/Contractor: _____

LBP Account No. : _____

T I N : _____

Please quote your lowest price on the items listed below, subject to the General Conditions on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than **December 31, 2018** in the return envelope attached herewith.

LORNA M. DURWIN
 BAC Vice Chairperson

NOTE TO SUPPLIER/CONTRACTOR:

1. ALL ENTRIES MUST BE TYPED / WRITTEN IN INK
2. DELIVERY PERIOD WITHIN SEVEN (7) CALENDAR DAYS
3. WARRANTY SHALL BE FOR A PERIOD OF AT LEAST 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 _____ CALENDAR DAYS
5. INDICATE PHILGEPS REGISTRATION NUMBER: _____
6. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING SPECIFICATIONS OF THE PRODUCTS BEING OFFERED
7. ALL BIDS SHALL BE SUBMITTED IN SEALED ENVELOPE DULY SIGNED/INITIALED BY THE BIDDER/SUPPLIER
8. PLEASE SPECIFY IF VAT OR NON-VAT
9. IF LEASE TO OWN, CONTRACT IS AT LEAST THREE EQUAL MONTHLY INSTALLMENTS

ITEM No.	ITEMS AND DESCRIPTIONS	QTY	UNIT	UNIT PRICE
	Provision of Accommodation of Visitors for the Different Activities			
	of the RO for the 1st Semester of CY 2019			
	STANDARD (Single Bed)			
	DELUXE SINGLE (Queen Bed)			
	SUPERIOR SINGLE (Matrimonial Bed)			
	DE LUXE TWIN (Matrimonial Bed + Single Bed)			
	EXECUTIVE KING (King Size Bed)			
	EXECUTIVE TWIN (2 Matrimonial Bed)			
	DORM TYPE			
	EXTRA BED			
	X-X-X-X-X-X-X-X			
	Check in Time:			
	Check Out Time:			
	*Specify number of pax per room			
	ABC Php 50,000.00			

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

AFTER HAVING CAREFULLY READ AND ACCEPTED YOUR GENERAL CONDITIONS, I/WE QUOTE YOU ON THE ITEM AT PRICES NOTED ABOVE.

Signature of Canvasser _____

Date _____

Printed Name/Signature _____

Tel No./Cellphone No. : _____

e-mail address : _____

Date _____