



## Bid Notice Abstract

### Request for Quotation (RFQ)

**Reference Number** 8260719  
**Procuring Entity** NORTHWEST SAMAR STATE UNIVERSITY  
**Title** Office Furniture and Fixtures (PR No. 2021-11-499)  
**Area of Delivery** Samar

<b>Solicitation Number:</b>	2021-11-499	<b>Status</b>	Active
<b>Trade Agreement:</b>	Implementing Rules and Regulations	<b>Associated Components</b>	1
<b>Procurement Mode:</b>	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	<b>Bid Supplements</b>	0
<b>Classification:</b>	Goods	<b>Document Request List</b>	0
<b>Category:</b>	Fixtures	<b>Date Published</b>	03/12/2021
<b>Approved Budget for the Contract:</b>	PHP 80,000.00	<b>Last Updated / Time</b>	03/12/2021 00:00 AM
<b>Delivery Period:</b>	7 Days	<b>Closing Date / Time</b>	07/12/2021 09:00 AM
<b>Client Agency:</b>			
<b>Contact Person:</b>	Jhenrose Savellano Billate Staff, BAC Secretariat Rueda Extension Calbayog City Samar Philippines 6710 63-55-2093122 63-55-2093122 procurement@nwssu.edu.ph		

#### Description

PROCUREMENT OFFICE  
 Email: procurement@nwssu.edu.ph  
 TELEFAX: PLDT (055) 2093122

REQUEST FOR PRICE QUOTATION  
 RFQ NO. 2021-11-499  
 December 3, 2021

#### SIR/MADAM:

Please quote your lowest price for the following items enumerated below, taking into consideration the following.

#### TERMS AND CONDITIONS

- The Approved Budget for the Contract (ABC) is PhP80,000.00 under PR No. 2021-11-499 .
- Submit your quotation in a sealed envelop on or before December 7, 2021 @ 9:00 AM in our office.
- Opening of RFQs is on December 7, 2021 @ 10:00 AM in our office.
- This procurement is PER ITEM, however, if stated in LOT, quotation shall be evaluated by lot. Any price offer that exceeds the ABC shall be disqualified.
- Price Quotation should be inclusive of the 5% Final VAT and Expanded Withholding Tax (EWT) of 1%.
- Price Quotation shall be valid within thirty (30) calendar days from the deadline of the RFQ.
- Delivery Period is within 7 calendar days and shall commence as stated in the Purchase Order. (Free on site delivery).
- If awarded the contract, processing and payment shall be made after the complete delivery of services/Supplies and final acceptance.
- Refusal to accept an award maybe ground for imposition of administrative sanctions under Rule XXII of the revised IRR of RA 9184. Please observe the Revised IRR of RA 9184.
- FOB-NORTHWEST SAMAR STATE UNIVERSITY-Main located at Rueda St, Calbayog City, Samar.
- The procuring entity may terminate the contract, in whole or in part, at anytime for unsatisfactory service.
- Request for quotation should be returned within 3 days from receipt hereof.

Item Qty. Unit Articles/Description Supplier's Offer (Complete Unit Price No. Specifications and Brand Name)

- 1 unit Hospital Cubicle curtain steel/aluminum tracks/ railings with hook (eg. Emergency room set-up)
- 24 set Partition Hospital curtains with buckle /tube curtain (plain green 12pcs, light blue 12pcs.), cloth, 7ft. H x 12ft. W
- 2 unit Filing Steel cabinet, 4 layers

#### Date

Sgd. RAMIL S. CATAMORA, Ed.D.  
 BAC Chairperson

I have read and understood the Terms and Conditions stated above.

By signing this quote, I hereby agree and bind myself to the Terms and Conditions.

Signature Over Printed Name:

Position in Firm:

Business Address:

Contact No.:

Canvassed by:

(Signature Over Printed Name)

#### Other Information

Please submit the following documentary requirements:

- Business/Mayor's Permit
- PhilGEPS Registration No./Certificate
- Omnibus Sworn Statement
- Business/Income tax Return

**Created by** Jhenrose Savellano Billate

**Date Created** 02/12/2021

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TELEFAX: PLDT (055) 2093122

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Item No.	Qty.	Unit	Articles/Description	Supplier's Offer (Complete Specifications and Brand Name)	Unit Price
1	1	unit	Hospital Cubicle curtain steel/aluminum tracks/ railings with hook (eg. Emergency room set-up)		
2	24	set	Partition Hospital curtains with buckle /tube curtain (plain green 12pcs, light blue 12pcs.), cloth, 7ft. H x 12ft. W		
3	2	unit	Filing Steel cabinet, 4 layers <i>-Nothing follows-</i>		
			Please submit the following documentary requirements: 1. Business/Mayor's Permit 2. PhilGEPS Registration No./Certificate 3. Omnibus Sworn Statement 4. Business/Income Tax Return		

Date \_\_\_\_\_

**RAMIL S. CATAMORA, Ed.D.**  
BAC Chairperson

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By signing this quote, I hereby agree and bind myself to the Terms and Conditions.

Signature Over Printed Name: \_\_\_\_\_  
Position in Firm: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Contact No.: \_\_\_\_\_

Canvassed by:

\_\_\_\_\_  
(Signature Over Printed Name)