



PhilGEPS

Philippine Government Electronic Procurement System

Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number 8420734
Procuring Entity NORTHWEST SAMAR STATE UNIVERSITY
Title Supply, Delivery & Installation of Hospital Cubicle Curtain and Customized Acrylic Table Divider (2022-01-020)
Area of Delivery Samar

Solicitation Number:	2022-01-020	Status	Active
Trade Agreement:	Implementing Rules and Regulations	Associated Components	1
Procurement Mode:	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Bid Supplements	0
Classification:	Goods	Document Request List	0
Category:	Flags	Date Published	11/02/2022
Approved Budget for the Contract:	PHP 115,320.00	Last Updated / Time	11/02/2022 00:00 AM
Delivery Period:	20 Days	Closing Date / Time	14/02/2022 09:00 AM
Client Agency:			
Contact Person:	Jhenrose Savellino Billate 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
 Contact Number: 09173178126

REQUEST FOR PRICE QUOTATION
 RFQ No. 2022 01 020
 February 11, 2022

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 P 115,320.00 under PR No. 2022-01-020
- Submit your quotation in a sealed envelop on or before February 14, 2022 @ 9:00AM.
- Opening of RFQs is on February 14, 2022 @ 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 20 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 No. Qty. Unit Articles/Description Supplier's Offer (Complete Specifications and Brand Name) Unit Price

- 1 lot Supply, Deliver & Install: Acrylic table divider, customize. For 2 tables
*See attached picture
- 1 lot Supply, Deliver & Install: Hospital Cubicle Curtain railings with hooks and curtains (for 4 beds)
*See attached picture

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)

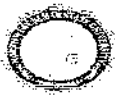
Other Information

Please submit the following documentary requirements:

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

Created by Jhenrose Savellino Billate

Date Created 10/02/2022



PROCUREMENT OFFICE

Email: procurement@nwssu.edu.ph
 Contact Number: **09173178126**

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Item No.	Qty.	Unit	Articles/Description	Supplier's Offer (Complete Specifications and Brand Name)	Unit Price
1	1	lot	Supply, Deliver & Install: Acrylic table divider, customize. For 2 tables		
2	1	lot	Supply, Deliver & Install: Hospital Cubicle Curtain railings with hooks and curtains (for 4 beds) *See attached picture		
Please submit the following documentary requirements:					
			1. Business/Mayor's Permit		
			2. PhilGEPS Registration No./Certificate		
			3. Omnibus Sworn Statement		

Date _____

RAMIL S. CATAMORA, Ed.D.
 BAC Chairperson

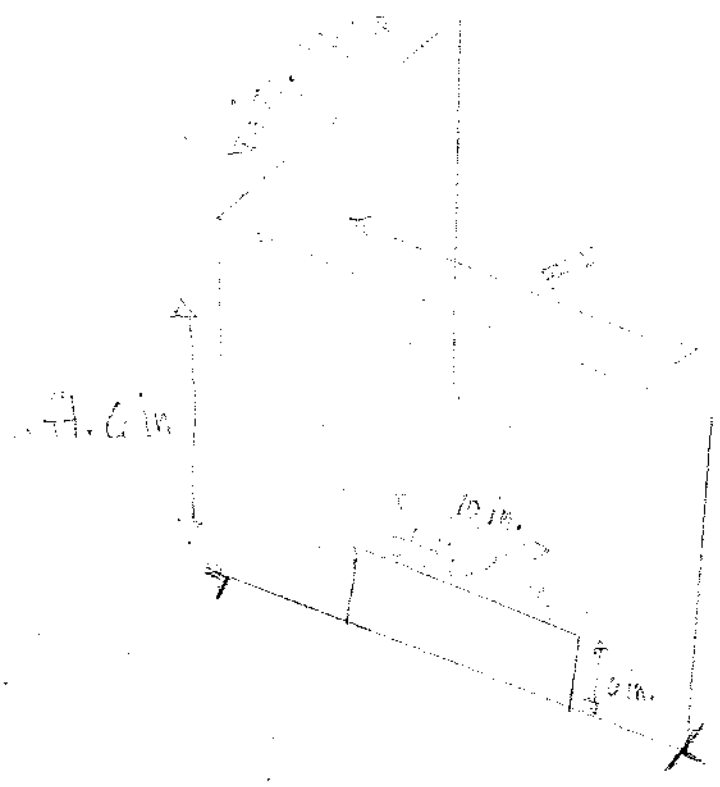
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Signature Over Printed Name: _____
 Position in Firm: _____
 Business Address: _____
 Contact No.: _____

Canvassed by:

 (Signature Over Printed Name)

Answer to Q. 1



Answer to Q. 2

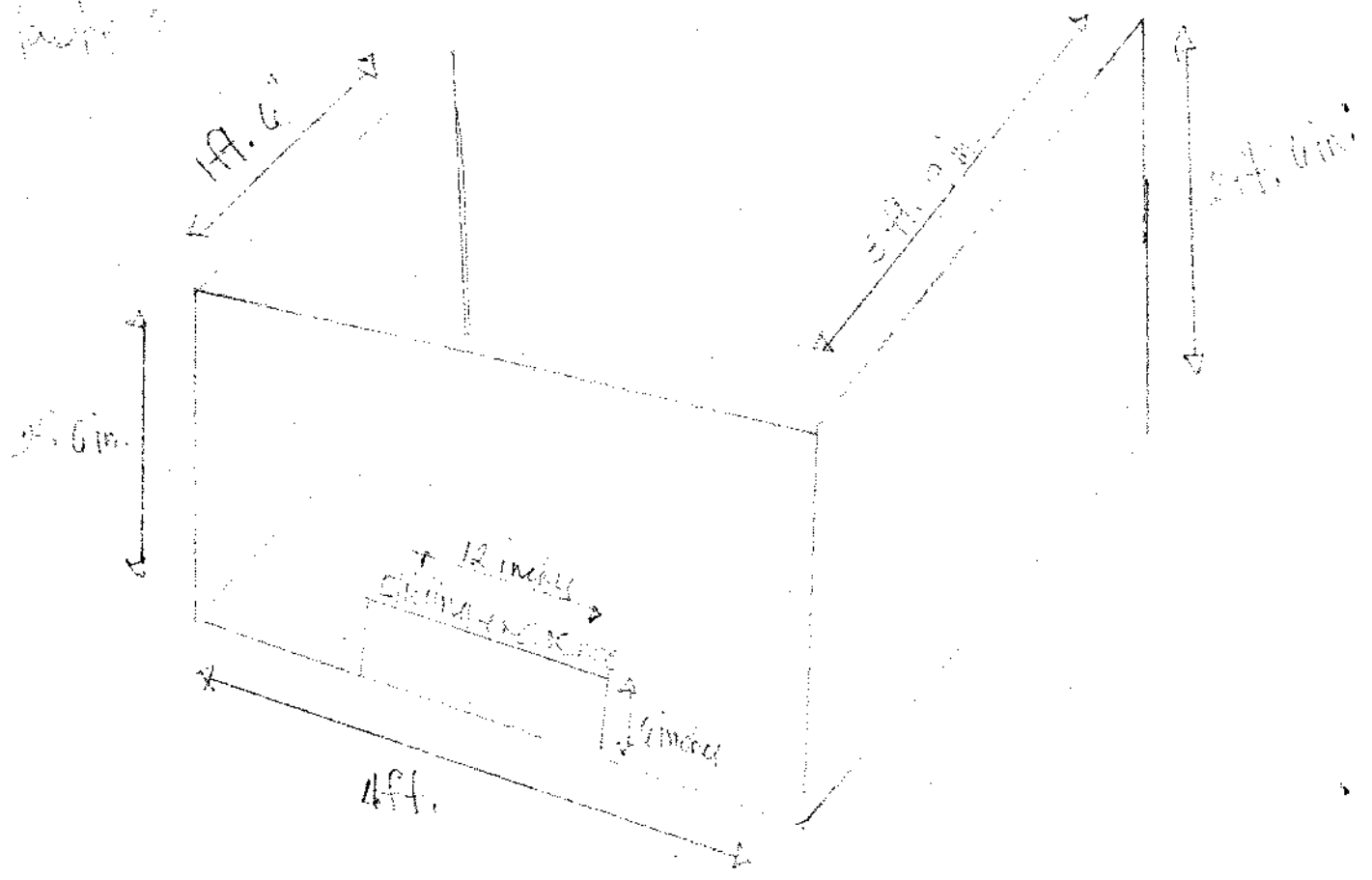


Table 5 (cont)

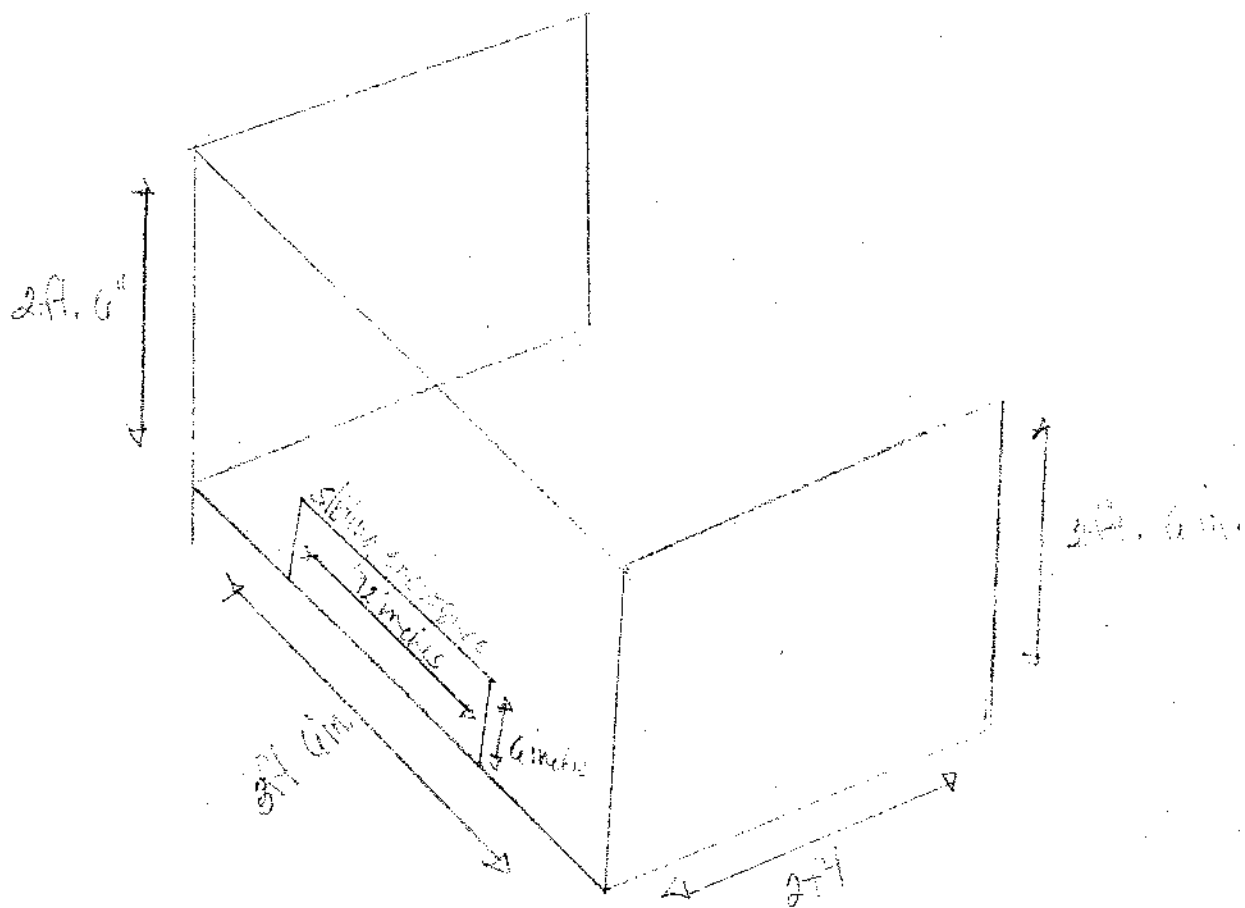


Table 4 Dimensions

