

Republic of the Philippines
Municipality of Lingayen
Lingayen, Pangasinan

Name of Project: Installation of Window grills at Municipal Health
Office (RHU-III), Lingayen, Pangasinan
ABC: P 50,000.00

Date: _____

Quotation No: _____

The Manager

Please quote your lowest price on the item/s listed below, stating the shortest time of delivery and submit your quotation duly signed not later than December 16, 2021. Late submission shall not be accepted.

ENGR. JOHN SILVESTER A. TAPIA

Municipal General Services officer

IMPORTANT INSTRUCTIONS:

1. **DELIVERY PERIOD IS TEN (10) CALENDAR DAYS**
2. **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**
3. **PAYMENTS SHALL BE MADE THRU CHEQUE WITHIN FIFTEEN (15) DAYS AFTER THE DELIVERY, AND SHALL BE CLAIMED PERSONALLY AT THE OFFICE OF THE MUNICIPAL TREASURER**
4. **THE PRICE OFFERED SHALL NOT BE SUBJECT TO ANY INCREASE FOR WHATEVER REASON INCLUDING IN CASES OF DEVALUATION/INFLATION DURING THE ENTIRE DURATION OF THE CONTRACT**
5. **PRICE SHALL BE INCLUSIVE OF VAT**
6. **THE QUOTATION SHALL NOT BE CONSIDERED UNLESS IT IS PROPERLY SIGNED BY THE AUTHORIZED REPRESENTATIVE.**
7. **BIDDER'S MUST SUBMIT THE FF. REQUIREMENTS**
 - A) **VALID AND CURRENT MAYOR'S PERMIT**
 - B) **VALID AND CURRENT PHILGEPS CERTIFICATE**
 - C) **LATEST INCOME/BUSINESS TAX RETURN**
8. **COMPLETELY FILL OUT THE PRICE QUOTATION FORM, TECHNICAL SPECIFICATION/BRAND (IF APPLICABLE), UNIT/TOTAL PRICE AND SUPPLIER/BIDDER'S INFORMATION. DO NOT FORGET TO SIGN THE PRICE QUOTATION FORM**
9. **A BIDDER WHO SUBMITS A QUOTATION IS REQUIRED TO DOWNLOAD THIS RFQ FROM THE PHILGEPS WEBSITE BEFORE THE CLOSING DATE FOR INCLUSION IN THE PHILGEPS DOCUMENT REQUEST LIST (DRL).**
10. **DOWNLOADED QUOTATION MUST BE SUBMITTED THRU FAX, EMAIL OR DIRECTLY TO THE BAC SECRETARIAT ON OR BEFORE THE CLOSING DATE OF BID NOTICE ABSTRACT**

Item No.	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL PRICE
1	Installation of Window grills at Municipal Health Office (RHU-III)	1 lot		
			TOTAL-----	

Printed Name/Signature

Tel. No./Cellphone No. E-mail address

PhilGEPS Registration No.

Date