

Standard Form Number: SF-GOOD-60  
Revised on May 24, 2004

NAME OF SUPPLIER: \_\_\_\_\_ QUOTATION NO. SVRM-2020-05  
OFFICE ADDRESS : \_\_\_\_\_ DATE PREPARED: November 4, 2020

**ALEX A. INGENTE**  
Acting Division Manager A / BAC-EP/PGCS Chairperson

1. All entries must be legibly written/typewritten.
2. Delivery period within 30 calendar days upon receipt of NTP.
3. Submit a Performance Security within 10 days upon receipt of Notice of Award (NOA).  
when applicable. ☒ Required ☐ Not Required
4. Warranty shall be for a period of 180 days for supplies & materials, one(1) year for equipment, from date of acceptance by the procuring entity. ☐ Required ☒ Not Required
5. Price validity shall be for a period of 30 days calendar days.
6. Certified True Copy of PhilGEPS Registration shall be attached upon submission of the quotation.
7. Approved Budget of the contract (ABC) = Php 237,109.60
8. Deadline of Submission on November 12, 2020 at 1:00 P.M.
9. Opening of Quotation on November 12, 2020 at 2:30P.M.
10. The following requirements and its attachments shall be submitted as soon as possible time but not later than the issuance of Notice of Award (NOA) as per Annex "H" of revised IRR of R.A. 9184:
  - a. Certified True Copy of Barangay Certification for CY 2020 issued Barangay Office where the principal office is located;
  - b. Certified True Copy of Mayor's/Business Permit for CY 2020 issued by the City or Municipality where the principal office is located;
  - c. Certified True Copy of PCAB License; if applicable. ☐ Required ☒ Not Required
  - d. Certified True Copy of Latest income and Business Tax Returns for CY 2019;
  - e. Omnibus Sworn Statement (attached pro-forma).

**Plans and Specifications:** See attached plans and specifications.  
**Ref. PR No.:** DAV-9939-20, dtd November 4, 2020  
**Purpose:** Proposed Hydrographic/Topographic Survey Plan of Berth 6-10 at Sasa Port, Davao City.

NOTE:	YES	NO	DATE
POSTED AT PHILGEPS.	<input type="checkbox"/>	<input type="checkbox"/>	_____
REQUESTED FOR POSTING AT PPA WEBSITE	<input type="checkbox"/>	<input type="checkbox"/>	_____

By: \_\_\_\_\_

\_\_\_\_\_  
Name and Signature, BAC Secretariat

PRINTED NAME/SIGNATURE \_\_\_\_\_

TEL NO. / CELLPHONE NO. \_\_\_\_\_

DATE \_\_\_\_\_