

NAME OF SUPPLIER: _____ QUOTATION NO. SVRM-2020-04
OFFICE ADDRESS : _____ DATE PREPARED: November 4, 2020

EX A. INGENTE

ALEX A. INGENTE

Acting Division Manager A / BAC-EP/PGCS Chairperson

1. All entries must be legibly written/typewritten. Acting Division Manager A / BAC-EP/PGCS Chair
2. Delivery period within **60 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 390,586.00**
8. Deadline of Submission on **November 12, 2020 at 1:00 P.M.**
9. Opening of Quotation on **November 12, 2020 at 1:30P.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-9936-20, dtd November 4, 2020
Purpose: For verification survey services for Sasa Port, Davao City with structural survey of facilities.

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: RAC Secretariat

PRINTED NAME/SIGNATURE

TEL NO. / CELLPHONE NO. _____

DATE _____