



Republic of the Philippines
SENATE
REQUEST FOR QUOTATION

Date : 9/25/2024 3:01:38PM
RSQ No. : RSQ-24-09-080
Requisitioner : PRIB
Canvasser : RICHARD T. GARCIA

By: *Ma*
Sir/Madam: Time: 2:10

We invite all GEPS registered bidders to submit sealed quotation for the item/s listed below, addressed to the Chairman, Bids and Awards Committee (BAC), 4/F Senate of the Philippines, GSIS Bldg., Financial Center, Pasay City. The quotation for Purchase Request No. **PR-24-09-789** must be submitted to the Office of the Chairman, Bids and Awards Committee, Room 408 or the Secretariat, Bids and Awards Committee, Room 401, 4/F Senate of the Philippines, GSIS Building, Financial Center, Pasay City, not later than 5P.M. of manufacture or origin in the item, any erasure must be properly initialed by the bidder. Bidders are presumed to have reviewed all bids indicated herein before submission to the BAC. Please do not forget to indicate the following references in your envelope "PR NO. _____ / RSQ NO. _____, Assigned Canvasser: _____, CLOSING DATE: _____"

LIKewise, ALL QUOTATIONS MUST BE VALID FOR AT LEAST THIRTY (30) TO FORTY FIVE (45) DAYS FROM THE CLOSING DATE OF POSTING WITH THE PHIGEPS AND SUBJECT TO THE GENERAL CONDITIONS FOUND AT THE BACK OF THIS FORM.

Ma
ATTY. MARIA VALENTINA S. CRUZ
CHAIRPERSON
BIDS AND AWARDS COMMITTEE

THE CHAIRMAN
Bids and Awards Committee
c/o Secretariat, Bids and Awards Committee
Room 401 4/L, Senate of the Philippines, GSIS Building, Financial Center, Pasay City
Fax No. 552-6601 local 1602 or 552-6793

Sir:
As requested in your letter above, we are pleased to quote hereunder our price/s for the following item/s subject to the General Conditions stated at the back:

ITEM NO.	QTY	UNIT	ITEM/S DESCRIPTION (Kindly indicate BRAND NAME & MODEL of item/s of your offer/bid)	APPROVED BUDGET	UNIT PRICE (Inclusive of all Taxes)	TOTAL
			PR-24-09-789 (PRIB)			
1	3	UNIT	Computer/Laptop Headset: ·Stereo headset made for voice and music ·Optimized for MS Lync with USB Adapter ·Passive Noise Cancelling Speakers with leatherette ear cushions ·Noise cancelling microphone ·In-line call controls with mute ·Connects to PC via USB ·Fully adjustable ·Over-the-head wearing style	Php 10,500.00	Php3,500.00/UNIT	

Note: Included in the 2024 PPMP under PROJECTS AND PROPOSALS

----- Nothing Follows -----

(QUOTATIONS must be valid for at least thirty [30] to forty five [45] days from closing date)

TERMS OF DELIVERY _____

TERMS OF PAYMENT: Government Terms (NO C.O.D. / NO ADVANCE PAYMENT)

Address of Supplier _____

E-Mail Address _____

Tel./Fax No./s _____

TIN _____

(Name of Company)

PHIGEPS Reg. No. _____ Expiry Date: _____

(Signature over Printed Name Authorized Representative)

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Remarks:
 In accordance with Annex "H" Appendix A of the revised IRR of RA 9184, all quotations must be submitted on or before the deadline with the PhilGEPS Registration number and Mayor's/ Business Permit. Additional documentary requirements must also be submitted together with the quotation for Small Value Procurement (SVP), as follows:
 Professional license/Curriculum Vitae for Consulting Services;
 PCAB License for Infrastructure;
 Income/Business Tax Return for ABC above Php 500,000.00;
 For methods of procurement requiring Mayor's Permit and PhilGEPS Registration Number, Certificate of Platinum Membership may be submitted in lieu of said documents.
 For individuals engaged under Small Value Procurement, only the BIR certificate of Registration shall be submitted in lieu of DTI registration and Mayor's Permit.
 Winning bidders under Small Value Procurement with an ABC above Php50,000.00 will also be required to submit a Notarized Omnibus Sworn Statement prior to the preparation of the Contract/Purchase or Job Order.
 Failure of the bidder to submit the required documents is a ground for disqualification.

(QUOTATIONS must be valid for at least thirty [30] to forty five [45] days from closing date)

TERMS OF DELIVERY _____

TERMS OF PAYMENT: Government Terms (NO C.O.D. / NO ADVANCE PAYMENT) _____ (Name of Company)

Address of Supplier _____

E-Mail Address _____

Tel./Fax No./s _____

TIN _____

PhilGEPS Reg. No. _____ Expiry Date: _____

 (Signature over Printed Name Authorized Representative)