



Republic of the Philippines  
Department of National Defense  
**PHILIPPINE VETERANS AFFAIRS OFFICE**  
Veterans Compound  
Camp General Emilio Aguinaldo, Quezon City

## REQUEST FOR QUOTATION

The Philippine Veterans Affairs Office (PVAO), through its Bids and Awards Committee will undertake a Shopping for the **"Supply and Delivery of Surgical Mask and Hygiene Supplies"** in accordance with Section 52.1(b) of the 2016 Revised IRR of RA 9184. The details of the project are as follows:

Project Title : Supply and Delivery of Surgical Mask and Hygiene Supplies  
ABC : Eight Hundred Seventy-Five Thousand Pesos (P 875,000.00)  
Specifications : See the attached Price Quotation Form (*Annex "A"*)  
Delivery Period : See the attached Schedule of Requirements (*Annex "B"*)  
Location : PVAO Compound, Camp Gen. Emilio Aguinaldo, Quezon City

Submission of sealed **Price Quotation (using the prescribed form, Annex "A"), Conformity with the Schedule of Requirements (Annex "B"), Brochures of the product being offered and Documentary Requirements** is on or before **5:00 PM of 01 March 2022** at the PVAO Bids and Awards Committee Secretariat, 2<sup>nd</sup> Floor Building No. 4 (Procurement Office), Philippine Veterans Affairs Office, Veterans Compound, Camp General Emilio Aguinaldo, Quezon City. Eligibility Documents shall include the following:

- a) Current Mayor's/Business Permit or in cases of recently expired Mayor's/Business permits, it shall be accepted together with the official receipt as proof that the bidder has applied for renewal within the period prescribed by the concerned local government unit; and
- b) PhilGEPS Registration Number.

Open submission may be done, manually and electronically thru [procurement.service@pvao.gov.ph](mailto:procurement.service@pvao.gov.ph) and/or thru facsimile no. 8912-4649.

The PVAO reserves the right to accept or reject any offer/quotation, to reject all offer/quotation at any time prior to contract award, to exclude any item or reduce the number of units and corresponding ABC as determined by PVAO and to award the contract to the bidder with the most advantageous offer, without thereby incurring any liability to the interested entities.

For inquiry, you may contact us at tel. no. 8912-4649.

BY THE AUTHORITY OF THE  
PVAO BIDS AND AWARDS COMMITTEE:

  
ENGR. DIOMEDES C. PALOR  
Head, BAC Secretariat

## PRICE QUOTATION FORM

Date: \_\_\_\_\_

The Bids and Awards Committee  
 Philippine Veterans Affairs Office  
 PVAO Compound, Camp General Emilio Aguinaldo,  
 Quezon City

After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our quotation for the **Supply and Delivery of Surgical Mask and Hygiene Supplies**, as follows:

Item No.	Item Description/Specifications	Qty.	Unit	Unit Price	Amount	Product Offered
1	Surgical Face Mask with Ear Loop <ul style="list-style-type: none"> <li>▪ 50pcs/box</li> <li>▪ 3-Ply</li> <li>▪ Disposable</li> <li>▪ Color: White/Blue</li> </ul>	2,500	Box			
2	Liquid Hand Soap <ul style="list-style-type: none"> <li>▪ At least 250ml</li> <li>▪ Bacterial/Germicidal</li> <li>▪ Container: Plastic Pump Bottle</li> </ul>	2,500	Bottle			
3	Interfolded Paper Towel <ul style="list-style-type: none"> <li>▪ At least 150 sheets/pack</li> <li>▪ 1-Ply, 30gsm (+/-5gsm)</li> <li>▪ Hypoallergenic</li> <li>▪ Sheet Color: White</li> </ul>	2,500	Pack			
4	Coreless Tissue <ul style="list-style-type: none"> <li>▪ 2rolls/pack</li> <li>▪ 2-Ply, 30g (+/-5g)/roll</li> <li>▪ Hypoallergenic</li> <li>▪ Color: White</li> </ul>	2,500	Pack			
<b>Total Amount</b>						

- Note:**
- 1) Partial bid is not allowed. Awarding shall be in a single lot basis.
  - 2) Attach brochures of the product being offered.
  - 3) Product offered should either be from FDA registered brands/manufacturers or in the FDA's list of Notified Products.
  - 4) Product offered should not be in the FDA's list of products with Public Health Warning.

(Amount in Words) \_\_\_\_\_

The above-quoted price is inclusive of all costs and applicable taxes.

\_\_\_\_\_  
 SIGNATURE OVER PRINTED NAME  
 (Duly Authorized to sign the Bid)

\_\_\_\_\_  
 BUSINESS ADDRESS

\_\_\_\_\_  
 NAME OF COMPANY

\_\_\_\_\_  
 TELEPHONE/FAX NO/EMAIL ADDRESS

**SCHEDULE OF REQUIREMENTS**

The delivery schedule expressed as weeks/months stipulates hereafter a delivery date which is the date of delivery to the project site.

Item Number	Description	Quantity	Delivered, Weeks/Months
	<b>Supply and Delivery of Surgical Mask and Hygiene Supplies</b>		<b>Upon acceptance of the Notice to Proceed (NTP) under the following schedules:</b>
1	Surgical Face Mask with Ear Loop	625 boxes	<b>1<sup>st</sup> Delivery:</b> Within fifteen (15) calendar days upon receipt of the NTP
	Liquid Hand Soap	625 bottles	
	Interfolded Paper Towel	625 packs	
	Coreless Tissue	625 packs	
2	Surgical Face Mask with Ear Loop	625 boxes	<b>2<sup>nd</sup> Delivery:</b> 15 – 30 June 2022
	Liquid Hand Soap	625 bottles	
	Interfolded Paper Towel	625 packs	
	Coreless Tissue	625 packs	
3	Surgical Face Mask with Ear Loop	625 boxes	<b>3<sup>rd</sup> Delivery:</b> 15 – 30 September 2022
	Liquid Hand Soap	625 bottles	
	Interfolded Paper Towel	625 packs	
	Coreless Tissue	625 packs	
4	Surgical Face Mask with Ear Loop	625 boxes	<b>4<sup>th</sup> and Last Delivery:</b> 15 – 30 November 2022
	Liquid Hand Soap	625 bottles	
	Interfolded Paper Towel	625 packs	
	Coreless Tissue	625 packs	

I hereby certify to comply and deliver all the above requirements.

\_\_\_\_\_  
Name of Company/Bidder

\_\_\_\_\_  
Signature over Printed Name  
of Representative

\_\_\_\_\_  
Date

Mr