

**NATIONAL TRANSMISSION CORPORATION**  
 GENERAL SERVICES DIVISION  
 CORPORATE SERVICES GROUP  
 TransCo-Power Center Complex, Diliman, Quezon City  
 Tel. Nos. 902-1500 Local 1627  
 Fax Nos. 914-62-09



**SUPPLIER'S TECHNICAL /PRICE QUOTATION FORM  
 (NEGOTIATED PROCUREMENT-SMALL VALUE PROCUREMENT)**

**SOLICITATION No. NP170511-EL28**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FOR INQUIRIES, CONTACT PURCHASING OFFICER: **ENRIQUETA S. LENON**

Sir/Madam:

Please provide us with your best quotation and submit the same to the above assigned purchasing officer on or before 10:00 AM on quote closing date at ADMINISTRATION OFFICE, Ground Floor, TRANSCO Annex Building, Power Center, Quezon Avenue corner BIR Road, Diliman, Quezon City.

**QUOTE CLOSING DATE/TIME: MAY 23, 2017/3:00 P.M.**

Deadline for submission may be extended if there are insufficient offers received. In case of a failed canvass, a re-canvass may be conducted without prior notice to any previous offeror (s).

Offers may be submitted in a sealed envelope, through fax or **through e-mail ([eslenon/jsdavid@transco.ph](mailto:eslenon/jsdavid@transco.ph))** at the option of the offeror, properly marked with the reference number. This bid document comprises THREE (3) pages including this sheet.

Very truly yours,

**ROSSANA F. PAGUIO**  
 Manager, General Services Division

**NOTE: THIS FORM IS COMPUTER GENERATED. SIGNATURE IS NOT REQUIRED**

ITEM NO.	DESCRIPTION	QTY	(ABC in PhP) VAT Inclusive	UNIT PRICE	TOTAL PRICE
				(VAT EXCLUSIVE)	
1	<b>GSD-17-95191</b> <b>SERVICE FOR MITSUBISHI ADVENTURE (SJA-220 &amp; 372)</b> M. V. NOS. T0004 & T0003 2008 MODEL  SCOPE OF WORK: SUPPLY OF LABOR AND MATERIALS  1. REPLACE DEFECTIVE FRONT SEAT BELT PASSENGER SIDE (ORIGINAL PARTS) (FOR SJA-220 & SJA-372)	2 LOT	7,000.00		
2	<b>BCEZ-17-95197</b> <b>SERVICES FOR MITSUBISHI ADVENTURE (SJA-217)</b> 2008 MODEL  SCOPE OF WORK: SUPPLY AND LABOR AND MATERIALS  1. REPLACEMENT OF SHOCK ABSORBER FRONT LEFT AND FRONT RIGHT 2. REPLACEMENT OF SHOCK ABSORBER REAR LEFT AND REAR RIGHT 3. REPLACEMENT OF TRANSMISSION ASSEMBLY 4. CENTER CAP REAR RIGHT REPLACEMENT	1 LOT	70,000.00		

5. CALIBRATION OF INJECTION PUMP				
6. REPLACEMENT OF NOZZLE TIP				
7. OVERHAUL OF RADIATOR ASSEMBLY				

**TOTAL AMOUNT (VAT EXCLUSIVE)** \_\_\_\_\_

**ADD: APPLICABLE VAT ( \_\_\_% )** \_\_\_\_\_

**TOTAL NET AMOUNT (VAT INCLUSIVE)** \_\_\_\_\_

NOTE: 1. ALL BIDDED ITEMS SHALL BE BRAND NEW, GENUINE AND SHALL BE IN STANDARD MANUFACTURER'S PACKAGING BEARING THE PART NO. AND/OR MARK BY PART NO. IN PRINT OR EMBOSSEMENT.  
 2. ALTERNATE OFFER IS NOT ALLOWED.  
 3. BIDS THAT EXCEEDS THE BUDGET SHALL BE AUTOMATICALLY CONSIDERED NON-COMPLYING.  
 4. PARTIAL PAYMENT IS ALLOWED FOR EVERY SERVICES RENDERED ON A PER LOT BASIS.

**SPECIAL INSTRUCTION** : INTERESTED SUPPLIER MUST VIEW/DOWNLOAD THE DOCUMENTS IN THE ASSOCIATED COMPONENT TO BE INCLUDED IN THE DOCUMENT REQUEST LIST AT PhilGEPSS.

**FIXED TERMS (PLEASE INCLUDE IN YOUR OFFER):**

- BID PRICE VALIDITY : 60 DAYS FOR PESO DOMINATED BIDS
- DELIVERY PERIOD : ( ) 2 DAYs UPON TURN-OVER OF VEHICLE ( ) BEST OFFER \_\_\_\_\_
- DELIVERY POINT :TRANSKO MAIN BLDG., DILIMAN, QUEZON CITY C/O JAMES S. DAVID
- PAYMENT TERMS : WITHIN 30 CALENDAR DAYS UPON DELIVERY AND SUBMISSION OF COMPLETE REQUIRED DOCUMENTS

**OTHER REQUIREMENTS/DOCUMENTS TO BE INCLUDED IN THE PROPOSAL:**

1. Certificate of PhilGeps Registration/Number.\*
2. Receipts must be BIR compliant (please see below)
3. Mayor's Business Permit \*
4. Income/Business Tax Return \*
5. Omnibus Sworn Statement (shall be required before issuance of Notice of Award) \*

Please issue an **Invoice/Receipt** to:

Name: National Transmission Corporation (TransCo)  
 Address: Power Center Agham Road Corner Quezon Ave., Diliman Quezon City  
 TIN: 223-242-186-000

If transaction is subject to VAT, kindly show as separate item the VAT amount (12%) in the:

**OFFICIAL RECEIPT** - for sale of SERVICES  
**SALES INVOICE** - for sale of GOODS or PROPERTIES

**TRANSCO TERMS ACCEPTED:**

- \_\_\_\_\_  
 (SIGNATURE AND DATE)
- \_\_\_\_\_  
 (NAME AND DESIGNATION)
- \_\_\_\_\_  
 (NAME OF COMPANY)
- \_\_\_\_\_  
 (TEL. FAX NOs.)
- \_\_\_\_\_  
 (EMAIL ADDRESS)