



NATIONAL TRANSMISSION CORPORATION
 CORPORATE SERVICES GROUP
 TransCo Annex Bldg., Diliman, Quezon City
 Tel. No. 902-1521/Fax No. 914-6209

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

REFERENCE NO.: CISIT-18-95623(ECA)

FOR INQUIRIES, CONTACT PURCHASING OFFICER: **ARGAÑOZA, EILEEN**

Sir/Madam:

Please provide us with your best quotation and submit the same to the above assigned purchasing officer on or before 3:00 PM on quote closing date at ADMINISTRATION OFFICE, Ground Floor, TRANSCO Main Building, Power Center, Quezon Avenue corner BIR Road, Diliman, Quezon City.

QUOTE CLOSING DATE/TIME: MARCH 16, 2018/3:00 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 (ecarganoza@transco.ph)** at the option of the offeror, properly marked with the reference number. This bid document comprises THREE (3) pages including this sheet.

Please signify your acceptance of the TERMS AND CONDITION as stated herein, by signing on the space provided below and submit the signed copy together with your separate letter of quotation (as applicable).

Very truly yours,

ROSSANA F. PAGUIO

Manager, General Services Division

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

NO.	DESCRIPTION	QUANTITY	ABC (VAT INC)	UNIT PRICE	TOTAL PRICE
				(VAT EXCLUSIVE, INDICATE APPLICABLE 12% VAT)	
001	PERIMETER CLOSED CIRCUIT TELEVISION (CCTV) SYSTEM MAINTENANCE SUPPORT AND UPGRADES SCOPE OF WORKS: ONE (1) YEAR ON-SITE MAINTENANCE SUPPORT MONTHLY HEALTHCHECK DVR AND CAMERA CHECK UP POWER ADAPTORS AND CONNECTORS CHECK UP WIRES AND CABLES CHECK UP DIAGNOSE DEFFECTIVE PASSIVE AND ACTIVE COMPONENTS PROGRAMMING FEATURES IF NECESSARY CHANGING DEFECTIVE UNIT TERMINATION OF NEW WIRES REPLACEMENT OF 5 UNITS OLD CAMERAS WITH 5 UNITS 1080P HIGH DEFINITION NEW CAMERAS COMPATIBLE WITH THE EXISTING DVR AND CCTV SYSTEM (5 UNITS DOME / BULLET WITH 10 UNITS 12V 2AMP POWER ADAPTERS) REPLACEMENT OF DEFECTIVE CABLES INLCUDING ROUGH-INS (APPROX. 5 LINES OF UTP CATEGORY 6 OR RG-6 CABLES) SUPPLIERS MAY CONDUCT SITE SURVEY.	1 LOT	₱200,000.00		

TERMS OF PAYMENTS:
 50% OF THE TOTAL COST - PARTIAL
 PAYMENT UPON ISSUANCE OF CERTIFICATE
 OF ACCEPTANCE FOR THE PAYMENT OF
 ACTIVE COMPONENTS.
 THE REMAINING 50% OF THE TOTAL COST -
 DIVIDED INTO 4 QUARTERLY PAYMENTS
 UPON SUBMISSION OF MAINTENANCE
 REPORT AND BILLING STATEMENT.

BRAND/MODEL: _____
WARRANTY: _____

TOTAL AMOUNT (VAT EXCLUSIVE) _____
 ADD: APPLICABLE VAT (___%) _____
 TOTAL NET AMOUNT (VAT INCLUSIVE) _____

NOTE : ALTERNATE OFFERS ARE NOT ALLOWED
 Bids received in excess of the Approved Budget for the Contract (ABC) shall be automatically rejected.

SPECIAL INSTRUCTION: Interested suppliers must view/download the attached document in the Associated Component to be included in the Document Request List (DRL).

REFERENCE NO.: GSD-18-95579(ECA)

FIXED TERMS (PLEASE INCLUDE IN YOUR OFFER):

- BID PRICE VALIDITY: AT LEAST 60 DAYS FROM QUOTE CLOSING DATE
 (VAT EXCLUSIVE, INDICATE APPLICABLE VAT)
- DELIVERY PERIOD: () 7 CALENDAR DAYS () _____
- DELIVERY POINT: TRANSCO-HO WAREHOUSE, DILIMAN, Q.C.
 C/O M. T. JAVILLO
- PAYMENT TERMS: WITHIN 30 CALENDAR DAYS UPON DELIVERY AND
 SUBMISSION OF COMPLETE REQUIRED DOCUMENTS
- WARRANTY: _____

OTHER REQUIREMENTS/DOCUMENTS TO BE INCLUDED IN THE PROPOSAL:

1. Product brochures/catalog/technical reference.
2. Please indicate **BRAND/MODEL & WARRANTY** for each offer.

ELIGIBILITY REQUIREMENTS/DOCUMENTS TO BE SUBMITTED BY THE WINNING BIDDER PRIOR TO ISSUANCE OF NOTICE OF AWARD:

1. PhilGEPS Registration Number/Certificate of PhilGEPS Registration
2. DTI/SEC Registration Certificate
3. Latest Mayor's Permit/Business Permit
4. BIR Certificate of Registration
5. Latest Income/Business Tax Return (2016 Annual ITR)
6. Notarized Omnibus Sworn Statement
7. Receipts must be BIR compliant (please see below).



TRANSCO TERMS ACCEPTED: _____
 (SIGNATURE AND DATE)

 (NAME AND DESIGNATION)

 (NAME OF COMPANY)