



**TransCo**

**NATIONAL TRANSMISSION CORPORATION**  
RESOURCE MANAGEMENT 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.: NP191015-EA80**

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 PROCUREMENT MANAGEMENT DIVISION OFFICE, Ground Floor, TRANSCO Main Building, Power Center, Quezon Avenue corner BIR Road, Diliman, Quezon City.

**QUOTE CLOSING DATE/TIME: OCTOBER 21, 2019/3:00PM**

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 TWO (2) 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,

**ROGELIO M. MABULAY, JR.**

Manager, Procurement Management 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)	
1.	<b>FIRST AID KIT</b> FOR HAZARDOUS WORKPLACES (1-50 WORKERS) CASE IS MADE OF TOUGH INJECTION MOLDED PLASTIC THAT ENSURE A PRECISE FITTING LID AND DURABILITY, TOP CARRYING HANDLE CONTENT INCLUDES THE FOLLOWING: <u>MEDICINES:</u> - TOPICAL ANTISEPTIC, 60 CC. - ANTISEPTIC EYEWASH, 5 PCS. (15ML) - ISOPROPYL ALCOHOL, 240 CC. - AROMATIC SPIRIT OF AMMONIA, 30 CC. - TOOTHACHE DROPS, 15 CC. - HYDROGEN PEROXIDE SOLUTION, 120 CC. - BURN OINTMENT, 1 TUBE - ANALGESIC/ANTIPIRYRETIC, 20 TABLETS - ANTACID, 10 TABLETS - ANTI-DIARRHEA, 10 TABLETS <u>MEDICAL SUPPLIES AND EQUIPMENT:</u> - FIRST AID PAMPHLET, 1 PC. - FIRST AID BOX, 1 PC. - THERMOMETER, 1 PC. - STERILE GAUZE PADS, 5 PCS. - GAUZE BANDAGE, 1 ROLL - ADHESIVE TAPE, 1 ROLL - BANDAGE SCISSORS, 1 PC. - TRIANGULAR BANDAGE, 1 PC. - TONGUE DEPRESSORS WOODEN, 100 PCS. - HOT WATER BAG, 1 PC. - ICE BAG, 1 PC. - RUBBER TORNQUET, 1 PC. - WASTE PAIL, ORDINARY TYPE, 1 PC. (24L CAPACITY)	4 KITS*	₱31,348.38		

**\*DISTRIBUTION**  
**MINSAT-19-96275/1 (1 KIT)**  
**BCEZ-19-96557/1 (3 KITS)**

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).

**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 K. L. MASANQUE
- 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 AWARDEE PRIOR TO ISSUANCE OF NOTICE OF AWARD:**

1. PhilGEPS Registration Number/Certificate of PhilGEPS Registration
2. DTI/SEC Registration Certificate
3. 2019 Mayor's Permit/Business Permit
4. BIR Certificate of Registration
5. Latest Income/Business Tax Return (2018 Annual ITR)
6. Notarized Omnibus Sworn Statement
7. Receipts must be BIR compliant (please see below).

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)