



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 PROCUREMENT)**

REFERENCE NO.: HRD-19-96511 (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 PROCUREMENT MANAGEMENT DIVISION, Ground Floor, TRANSCO Main Building, Power Center, Quezon Avenue corner BIR Road, Diliman, Quezon City.

QUOTE CLOSING DATE/TIME: AUGUST 5, 2019/3:00 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 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.
 Acting 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.	HRD-19-96511/1 MEALS FOR ONE-DAY SEMINAR ON EASE OF DOING BUSINESS (LUNCH, AM AND PM SNACKS FOR THE IN-HOUSE TRAINING OF 30 PAX) TECHNICAL SPECIFICATIONS: 1. MEALS CONSIST OF THE FOLLOWING: I. AM SNACKS II. PM SNACKS III. BUFFET LUNCH IV. MAIN COURSE (AT LEAST 1 VARIANT OF MEAT/CHICKEN OR FISH AND 1 VARIANT OF VEGETABLES) V. RICE VI. DESSERT VII. BEVERAGE/OVERFLOWING COFFEE AND WATER	30 SETS	₱ 18,000.00		

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NO.	DESCRIPTION	QUANTITY	ABC (VAT INC)	UNIT PRICE	TOTAL PRICE
				(VAT EXCLUSIVE, INDICATE APPLICABLE 12% VAT)	
	Continuation . . .				
	2. DATE AND TIME OF DELIVERY: I. AUGUST 7, 2019 (30 PAX PER DAY) II. AM SNACKS -10:00AM III. LUNCH -11:30AM IV. PM SNACKS -3:30PM				

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: () AUGUST 7, 2019
- DELIVERY POINT: TRANSCO-HEAD OFFICE, DILIMAN, Q.C.
- 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 (if applicable).
2. Please indicate **BRAND/MODEL & WARRANTY** for each offer (if applicable).

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

1. PhilGEPS Registration Number/Certificate of PhilGEPS Registration (for Platinum Membership)
2. DTI/SEC Registration Certificate
3. Mayor's Permit/Business Permit
4. BIR Certificate of Registration
5. Latest Income/Business Tax Return
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)