



NATIONAL TRANSMISSION CORPORATION
 RESOURCE MANAGEMENT SERVICES GROUP
 TransCo Annex Bldg., Diliman, Quezon City
 Tel. No. 7902-1500/Fax No. 7914-6209

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

REFERENCE NO.: HRMDD-21-97252 (PLP)

FOR INQUIRIES, CONTACT PURCHASING OFFICER:

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: 30 JULY 2021/3:00 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, 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,

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	HRMDD-21-97252/1 VACCINE QUADRIVALENT INACTIVATED INFLUENZA VACCINE - 0.5 ML DOSE - FOR IM USE - WITH ADMINISTRATION SEVICE, DELIVERY CHARGES BRAND/MODEL: _____ EXPIRATION DATE: _____ (shall not be later than 31 December 2021)	200 VIALS	₱150,000.00		

REFERENCE NO.: HRMDD-21-97252 (PLP)

NO.	DESCRIPTION	QUANTITY	ABC (VAT INC)	UNIT PRICE	TOTAL PRICE
				(VAT EXCLUSIVE, INDICATE APPLICABLE 12% VAT)	
1	<p>Continuation of Item 1 . . .</p> <p>NOTE:</p> <ol style="list-style-type: none"> 1. With available on-site services that can cover TransCo's personnel based at the Head Office; 2. Can cater to TransCo's personnel assigned at the Regional Offices in Baguio City, Cebu City and Davao City; 3. With medical health professionals who can evaluate medical conditions and administer flu vaccine; <p>Qualification Standards of Medical Team who will administer the flu vaccines either with MD or Nurse:</p> <p><u>Examining Physician</u></p> <ol style="list-style-type: none"> a. Licensed Physician; and b. With minimum two (2) years post graduate experience with comprehensive, competency-based training on vaccine administration. <p><u>Registered Nurse</u></p> <ol style="list-style-type: none"> a. Licensed Nurse; and b. Minimum of two (2) years experience with comprehensive, competency-based training on vaccine administration. <ol style="list-style-type: none"> 4. Package includes Medical Assistance (Vaccine Administration, Doctor or Nurse) to be done on-site inclusive of delivery charges & other applicable fees/taxes, materials, ice gel pack and thermal container for delivery. Free immunization materials such as cotton balls, alcohol and vaccination cards. 5. Delivery (staggard) of vaccine on-site upon advice by TransCo within August to November 2021. Minimum of 100 vaccines per order shall be allowed. <p>*** PLEASE REFER TO THE ATTACHED TERMS OF REFERENCE FOR THE COMPLETE DETAILS OF THIS REQUIREMENT.</p>				

TOTAL AMOUNT (VAT EXCLUSIVE) _____

ADD: APPLICABLE VAT (___%) _____

TOTAL NET AMOUNT (VAT INCLUSIVE) _____

REFERENCE NO.: HRMDD-21-97252 (PLP)

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 TO NOVEMBER; STAGGARD DELIVERY TO RECKON WITHIN SEVEN (7) WORKING DAYS UPON RECEIPT OF THE PURCHASE ORDER AND ADVISE BY TRANSCO
() _____
- **DELIVERY POINT:**
(1) TRANSCO-HO WAREHOUSE, DILIMAN, Q.C. C/O J.M. ILAGAN
(2) TRANSCO VISAYAS SATELLITE OFFICE, RM 3B, 3/F CEDAVILLE RESIDENCES BLDG. CORNER SILVER HILLS SUBDIVISION, NASIPIT, TALAMBAN, CEBU CITY
(3) TRANSCO MINDANAO SATELLITE OFFICE, NPC COMPOUND, KUMINTANG ST., MINTAL, DAVAO CITY
- **PAYMENT TERMS:** WITHIN 30 CALENDAR DAYS UPON FULL DELIVERY AND SUBMISSION OF COMPLETE REQUIRED DOCUMENTS
- **WARRANTY (if applicable):** _____

OTHER REQUIREMENTS/DOCUMENTS TO BE INCLUDED IN THE PROPOSAL:

1. Product brochures/catalog/technical reference.
2. Please indicate BRAND/MODEL & WARRANTY (if applicable) for each offer.
3. Company Profile
4. Statement of all Private and Government Completed and On-going Contracts
5. Curriculum Vitae of the proposed Medical Team to include training/s on vaccine administration and a copy of the PRC license
6. Certification License to administer vaccines (of the Service Provider) from Department of Health (DOH)

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)**
2. **DTI/SEC Registration Certificate**
3. **Mayor's Permit/Business Permit (2021)**
4. **BIR Certificate of Registration**
5. **Latest Income/Business Tax Return (2020)**
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)

_____ (MOBILE NO. & EMAIL ADD)

**PURCHASE REQUISITION FOR THE ADMINISTRATION OF FLU VACCINE
FOR THE NATIONAL TRANSMISSION CORPORATION PERSONNEL
TERMS OF REFERENCE**

1. BACKGROUND:

With the national health emergency brought about by the COVID-19 pandemic and amidst the anxiety over the various health risks faced by everyone during these times, the Flu Vaccination Program will be implemented for personnel of the National Transmission Corporation to help prevent or minimize the risk of acquiring the flu virus and influenza-related complications.

2. INFLUENZA VACCINE FEATURES

- QUADRIVALENT INFLUENZA VACCINE
- ADULT, 1'S SPLIT-VIRION INACTIVATED 0.5ML PRE-FILLED SYRINGE

3. REQUIEMENTS FOR THE SERVICE PROVIDER

- A. Philgeps registered
- b. Must submit the following:
 - Company Profile
 - Statement of all completed and on-going contracts
 - Curriculum Vitae of the Medical team
- c. Must have Certification License from Department of Health (DOH) to administer vaccines.
- d. With available on-site services that can cover TransCo's Personnel based at its Head Office.
- e. Can cater to TransCo's personnel assigned in its Regional Offices in Baguio City, Cebu City and Davao City.
- f. With Medical health professionals who can evaluate medical conditions and administer flu vaccine
- g. Qualification Standards of Medical Team who will administer the Flu Vaccines either with MD or Nurse:

Examining Physician

1. Licensed Physician
2. With minimum two years post graduate experience with comprehensive, competency-based training on vaccine administration.

Registered Nurse

1. Licensed Nurse
2. Minimum of two years' experience with comprehensive, competency-based training on vaccine administration.

4. OTHER TERMS/REQUIREMENTS:

1. Package includes Medical Assistance (Vaccine Administration, Doctor or Nurse) to be done On-Site inclusive of delivery charges, materials, ice gel pack and thermal container for delivery. Free Immunization Materials such as Cotton balls, Alcohol and Vaccination Cards.
2. Delivery of vaccine by advice of TransCo valid within August-November 2021.

3. Submission of Product Brochures/Catalogue
4. Indicate Brand/Model and Warranty
5. Delivery Period: Seven (7) Working days from receipt of the Purchase Order
6. Payment Terms: Within 30 days upon Delivery and Submission of Complete Required Documents
7. Service provider allows minimum of 100 vaccines per order.

5. BUDGETARY REQUIREMENTS:
Approved Budget Costing: P750.00

Prepared by: **LEAH MARIE C. TAYSON, RN**
Nurse III, HRMDD

Reviewed by: **MARIFE M. VILLAFUERTE**
Manager, HRMDD

Approved by: **MICHAEL A. VIVAS**
Manager, HRAD