



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

REFERENCE NO.: NP210617-PP039

FOR INQUIRIES, CONTACT PURCHASING OFFICER: **PINEDA, MA. PILAR L.**

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: 17 NOVEMBER 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, through fax or **through e-mail (mlpineda@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.	049-21-97205/1 CARTRIDGE, DRUM PANASONIC PART NO. KXFAD89E BRAND/MODEL: _____	1 PC	₱ 5,957.89		
2.	049-21-97205/2 CARTRIDGE, DRUM PANASONIC PART NO. KX-FAD473 BRAND/MODEL: _____	1 PC	₱ 4,486.97		
3.	049-21-97220/1 CARTRIDGE, DRUM PANASONIC PART NO. KX-FAT 472E BRAND/MODEL: _____	1 PC	₱ 1,606.99		

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NO.	DESCRIPTION	QUANTITY	ABC (VAT INC)	UNIT PRICE	TOTAL PRICE
				(VAT EXCLUSIVE, INDICATE APPLICABLE 12% VAT)	
4.	049-21-97220/2 CARTRIDGE, TONER PANASONIC PART NO. KX-FAT88A BRAND/MODEL: _____	1 PC	₱ 3,165.11		
5.	ROWLIT-21-97428/1 FOLDER, EXPANDED MATERIAL: PRESSBOARD WITH TYVEK TAPE SPINE SIZE: LEGAL SIZE (8.5 X 13) EXPANSION WIDTH: 1 COLORS: VIOLET - 175 RED - 175 YELLOW – 175	525 PCS	₱ 15,981.00		

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: () WITHIN 7 CALENDAR DAYS UPON RECEIPT OF PO
() _____
- DELIVERY POINT: TRANSCO-HEAD OFFICE, DILIMAN, Q.C.
- PAYMENT TERMS: WITHIN 30 CALENDAR DAYS UPON FULL 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 (for Platinum Membership)**
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 (use applicable form)**
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)