



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.: OP-21-97484 (PLP)

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: NOVEMBER 12, 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.	OP-21-97484/1 ANTIGEN TEST KIT - RAPID CHROMATOGRAPHIC IMMUNOASSAY FOR THE QUALITATIVE DETECTION OF SPECIFIC ANTIGENS TO SARS-COV-2 PRESENT IN HUMAN NASOPHARYNX - NASOPHARYNGEAL SWAB COLLECTION - KITS USED IN COVID-19 TESTING - 25PCS/BOX TERMS: A. KIT MUST BE 1-2 YEARS DATE OF EXPIRY FROM TIME OF DELIVERY. B. ALL ITEMS ARE PACKED AND SEALED. C. PROVIDER MUST PROVIDE A COPY OF SAMPLE RESULTS FORM. D. PROVIDER MUST GIVE FREE SWAB TRAINING TO IN-HOUSE TRANSCO NURSES. BRAND: _____ MANUFACTURING DATE: _____ EXPIRATION DATE: _____	5 BOXES	₱ 65,000.00		

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NO.	DESCRIPTION	QUANTITY	ABC (VAT INC)	UNIT PRICE	TOTAL PRICE
				(VAT EXCLUSIVE, INDICATE APPLICABLE 12% VAT)	
2.	OP-21-97484/2 MEDICAL GRADE PPE SET - DISPOSABLE PPE HAZMAT (MEDICAL GRADE) - NITRILE GLOVES TERMS: A. ALL ITEMS ARE PACKED AND SEALED. B. PLEASE PROVIDE BROCHURE AND PICTURES OF YOUR OFFER BRAND: _____ MANUFACTURING DATE: _____ EXPIRATION DATE: _____	125 PCS	₱ 100,000.00		

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):

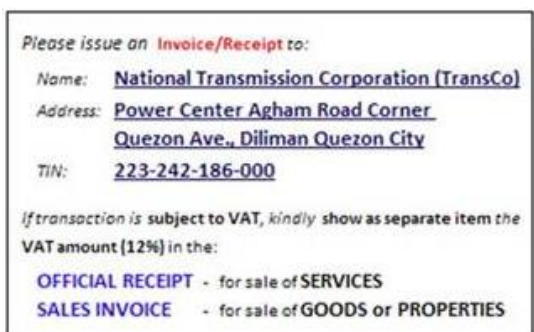
- BID PRICE VALIDITY: AT LEAST 60 DAYS FROM QUOTE CLOSING DATE
(VAT EXCLUSIVE, INDICATE APPLICABLE VAT)
- DELIVERY PERIOD: () WITHIN 7 CALENDAR DAYS UPON RECEIPT OF PO
() _____
- DELIVERY POINT: TRANSCO-HEAD OFFICE, DILIMAN, Q.C.
- PAYMENT TERMS: WITHIN 30 CALENDAR DAYS UPON FULL DELIVERY AND SUBMISSION 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).



TRANSCO TERMS ACCEPTED: _____
 (SIGNATURE AND DATE)

 (NAME AND DESIGNATION)

 (NAME OF COMPANY)

 (MOBILE NO. & EMAIL ADD)