



NATIONAL TRANSMISSION CORPORATION
RESOURCE MANAGEMENT SERVICES GROUP
TransCo Annex Bldg., Diliman, Quezon City
Tel. No. 7902-1500 loc. 1133

SUPPLIER'S TECHNICAL/PRICE QUOTATION FORM
(NEGOTIATED PROCUREMENT: AGENCY TO AGENCY - RGP)

REFERENCE NO.: NP220405-PP025

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: 13 APRIL2022/3:00 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 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	GAD-22-97597/1 FORM, JOURNAL ENTRY VOUCHER (JEV) SIZE: 8 1/2" X 11" X 3 PLY SET PRINT, SERIALLY NUMBERED FROM 05601- ON MATERIAL: WHITE, BLUE, GREEN CARBONLESS PAPER OTHERS: ONE (1) SIDE PRINTING, THREE (3) COLOR PRINT BINDING: IN PADS OF 50 X 3 PLY SET AS PER ATTACHED TRANSCO SAMPLE	10 PADS	₱32432.10		
2	GAD-22-97597/2 FORM, DEBIT MEMO SIZE A4 MATERIAL: WHITE, BLUE, GREEN CARBONLESS PAPER OTHERS: ONE (1) SIDE PRINTING, THREE (3) COLOR PRINT: SERIALLY NUMBERED FROM 01051 - ON BINDING: IN PADS OF 50 X 3 PLY SET AS PER ATTACHED TRANSCO SAMPLE	3 PADS	₱11,775.84		

REFERENCE NO.: NP220405-PP025

NO.	DESCRIPTION	QUANTITY	ABC (VAT INC)	UNIT PRICE	TOTAL PRICE
				(VAT EXCLUSIVE, INDICATE APPLICABLE 12% VAT)	
3	GAD-22-97597/3 FORM, CREDIT MEMO SIZE A4 MATERIAL: WHITE, BLUE, GREEN CARBONLESS PAPER OTHERS: ONE (1) SIDE PRINTING, THREE (3) COLOR PRINT: SERIALLY NUMBERED FROM 0251 – ON AS PER ATTACHED TRANSCO SAMPLE	4 PADS	₱15,539.16		
4	GSD-22-976347/1 FORM, PROPERTY ACCOUNTABLE RECEIPT (PAR) MATERIAL: CARBONLESS PAPER (4 COPIES/SET, 50 SHEETS/PAD) SERIAL NUMBER: STARTING 016001 - 016500 DISTRIBUTION OF COPIES: 1ST COPY - ORIGINAL, WHITE BOND SUBS 18 (COPY FOR GSD) 2ND COPY - CARBONLESS, YELLOW (COPY FOR ACCOUNTABLE PERSON) 3RD COPY - CARBONLESS, PINK (COPY FOR PAD) 4TH COPY - CARBONLESS, GREEN (COPY FOR PROPERTY CUSTODIAN) AS PER ATTACHED TRANSCO SAMPLE	10 PADS	₱21,000.00		
5	GSD-22-976347/2 FORM, GPE ACCOUNTABILITY RELIEF VOUCHER (GARV) MATERIAL: CARBONLESS PAPER (4 COPIES/SET, 50 SHEETS/PAD) SERIAL NUMBER: STARTING 002851 - 003200 DISTRIBUTION OF COPIES: 1ST COPY - ORIGINAL, WHITE BOND SUBS 18 (COPY FOR GSD) 2ND COPY - CARBONLESS, YELLOW (COPY FOR ACCOUNTABLE PERSON) 3RD COPY - CARBONLESS, PINK (COPY FOR PAD) 4TH COPY - CARBONLESS, GREEN (COPY FOR PROPERTY CUSTODIAN) AS PER ATTACHED TRANSCO SAMPLE	10 PADS	₱21,000.00		
6	GSD-22-976347/3 FORM, DISBURSEMENT VOUCHER PRINTING SERVICES 8 1/2"W, 13 1/2"L 3 SHTS/SET, 50 SETS/PAD CARBONLESS INK COLOR: RED, GREEN, BLUE & BLACK (FRONT)/BLACK (BACK) FM-T-FD-03A (PRINTED IN THE LOWER RIGHT PORTION) AS PER ATTACHED SAMPLE FORM	350 PADS	₱297,500.00		

TOTAL AMOUNT (VAT EXCLUSIVE) _____

ADD: APPLICABLE VAT (___%) _____

TOTAL NET AMOUNT (VAT INCLUSIVE) _____

REFERENCE NO.: NP220405-PP025

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 30 CALENDAR DAYS UPON RECEIPT OF PO AND FINAL APPROVAL OF PROOF
() _____
- DELIVERY POINT: TRANSCO-HEAD OFFICE, DILIMAN, Q.C; C/O J.M. ILAGAN
- 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 (if applicable).
2. Please indicate **BRAND/MODEL & WARRANTY** for each offer (if applicable).



TRANSCO TERMS ACCEPTED: _____
(SIGNATURE AND DATE)

(NAME AND DESIGNATION)

(NAME OF COMPANY)

(MOBILE NO. & EMAIL ADD)



NATIONAL TRANSMISSION CORPORATION

Power Center, Agham Road cor. Quezon Ave. Central
Quezon City, Philippines 1100
VAT Reg. TIN: 223-242-186-000

DEBIT MEMO

No. **00001051**

Date

NAME : _____
 ADDRESS : _____
 DCE : _____
 T.I.N. : _____
 BUSINESS STYLE : _____

We have debited your account with NATIONAL TRANSMISSION CORPORATION as follows:

PARTICULARS	AMOUNT

Prepared by:

Approved by:

"THIS DOCUMENT IS NOT VALID FOR CLAIMING INPUT TAXES"

3 BkIts. 50x3 S.N. 0000601 - 0000750
BIR Authority to Print No.: 8AU0000352099
Date Issued: Valid Until:

NATIONAL PRINTING OFFICE
EDSA cor. NIA North Side Road, Diliman, Quezon City
TIN: 000-769-754-000
BIR Accreditation No.: 039MP20190000000004
Date Issued: January 15, 2019

FM-T-FD-06A

THIS DEBIT MEMO SHALL BE VALID FOR FIVE (5) YEARS FROM THE DATE OF ATP



NATIONAL TRANSMISSION CORPORATION

Power Center, Agham Road cor. Quezon Ave. Central
Quezon City, NCR, Second District, Philippines 1100
VAT Reg. TIN: 223-242-186-00000

CREDIT MEMO

No. **0000251**

Date

NAME : _____
ADDRESS : _____
DCE : _____
T.I.N. : _____
BUSINESS STYLE : _____

We have credited your account with NATIONAL TRANSMISSION CORPORATION as follows:

PARTICULARS	AMOUNT

Prepared by:

Approved by:

"THIS DOCUMENT IS NOT VALID FOR CLAIMING INPUT TAXES"

1 Bklt. 50x3 S.N. 0000201 - 0000250
BIR Authority to Print No.: 121AU2021000000169
Date of ATP
Expiry Date:

NATIONAL PRINTING OFFICE
EDSA cor. NIA North Side Road, Quezon City,
NCR, Second District, Philippines
TIN: 000-769-754-00000
BIR Accreditation No.: 039MP20190000000004
Date Issued: January 15, 2019

FM-T-FD-06A

THIS CREDIT MEMO SHALL BE VALID FOR FIVE (5) YEARS FROM THE DATE OF ATP



REPUBLIC OF THE PHILIPPINES
NATIONAL TRANSMISSION CORPORATION

HOME OFFICE
TRANSCO HO WAREHOUSE

PROPERTY ACCOUNTABILITY RECEIPT

_____, 20__

DCE NUMBER:	ACCOUNTABLE PERSON:	DESIGNATION
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CC NUMBER:	COST CENTER NAME:
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WO NUMBER:	WORK ORDER NAME:
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PROPERTY NUMBER	DESCRIPTION	QTY.	UNIT OF MEASURE	ACQUISITION		REMARKS OBSERVATIONS FINDINGS
				COST	DATE	

REMARKS

APPROVED: _____ Manager, General Services Division	ISSUED BY: _____ Property Officer /Custodian	RECEIVED BY: _____ Accountable Employee	PAR NO. M-01001- NO. 014726
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DCE NO.



REPUBLIC OF THE PHILIPPINES
NATIONAL TRANSMISSION CORPORATION

HOME OFFICE
Transco HO Warehouse

GPE ACCOUNTABILITY RELIEF VOUCHER

_____, 20__

DCE NUMBER:	ACCOUNTABLE PERSON:	DESIGNATION
CC NUMBER:	COST CENTER NAME:	
WO NUMBER:	WORK ORDER NAME:	

PROPERTY NUMBER	DESCRIPTION	QTY.	UNIT OF MEASURE	PAR NUMBER	NTR	REMARKS OBSERVATIONS FINDINGS

NATURE		1 - RETURN	2 - CONDONATION	3 - REFUND
Returned/Reported by:	Received/Confirmed by:	Noted by:		GARV NO. L-01001- NO. 002415
_____ Accountable Employee	_____ PROPERTY OFFICER/CUSTODIAN	_____ Manager, General Services Division		
DATE:	DATE:	DCE:	DATE:	

_____, 20 ____

Pay to the order of _____ P _____
Pesos.

REPUBLIC OF THE PHILIPPINES
DISBURSEMENT VOUCHER

VOUCHER NO. _____

NAME OF AGENCY  **National Transmission Corporation**

NAME & ADDRESS OF CLAIMANT _____ TEL./LOCAL NO. _____ EMPLOYEE NO./TIN _____

PARTICULARS OF PAYMENT

AMOUNT

PARTICULARS OF PAYMENT														AMOUNT	

A1 Expenses/Cash Advance necessary, lawful and authorized under my direct supervision.

A2 Prices Reasonable and not in excess of the current rate in the locality.

PRINTED NAME, DESIGNATION AND SIGNATURE OF OFFICER

PRINTED NAME, DESIGNATION AND SIGNATURE OF OFFICER

B ACCOUNTING ENTRIES

CC	GL	SL			D C E	JO/WO	MV	DM/CM	S	N	BU	YR	RC	DEBIT	CREDIT
		A&G	O & M	OTHERS											

Journalized by/date: _____

Indexed by/date: _____

FOR RFRCD/HODCD USE ONLY

B1 CERTIFIED FUNDS AVAILABLE IN THE AMOUNT OF P _____

B2 CERTIFIED:
1) Expenditure properly certified
2) Account codes proper
3) Previous cash advance liquidated / accounted for:

VERIFIED on the basis of supporting documents appearing complete and proper, summarized in the checklist at the back hereof.

Name, Designation & Signature

Printed Name & Signature of Accountant

EXAMINED BY _____

REVIEWED BY _____

C APPROVED: FOR (P) _____

RECEIVED FROM: _____
Releasing Officer

FOR COA USE ONLY

ALLOWED IN AUDIT: For (P) _____

AMOUNT IN WORDS _____

Printed Name & Signature Of Claimant Representative

AMOUNT IN WORDS _____

OFFICIAL RECEIPT

PRINTED NAME AND SIGNATURE OF APPROVING OFFICER/REPRESENTATIVE

NUMBER _____
DATE _____

PRINTED NAME AND SIGNATURE OF AUDITOR

_____, 20____

Pay to the order of _____ P _____
Pesos.

REPUBLIC OF THE PHILIPPINES
DISBURSEMENT VOUCHER

VOUCHER NO. _____

NAME OF AGENCY  **National Transmission Corporation**

NAME & ADDRESS OF CLAIMANT _____ TEL./LOCAL NO. _____ EMPLOYEE NO./TIN _____

PARTICULARS OF PAYMENT

AMOUNT

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A1 Expenses/Cash Advance necessary, lawful and authorized under my direct supervision.

A2 Prices Reasonable and not in excess of the current rate in the locality.

PRINTED NAME, DESIGNATION AND SIGNATURE OF OFFICER

PRINTED NAME, DESIGNATION AND SIGNATURE OF OFFICER

B ACCOUNTING ENTRIES

CC	GL	SL			D C E	JO/WO	MV	DM/CM	S	N	BU	YR	RC	DEBIT	CREDIT
		A&G	O & M	OTHERS											

Journalized by/date: _____

Indexed by/date: _____

FOR RFRCD/HODCD USE ONLY

B1 CERTIFIED FUNDS AVAILABLE IN THE AMOUNT OF P _____

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VERIFIED on the basis of supporting documents appearing complete and proper, summarized in the checklist at the back hereof.

Name, Designation & Signature

Printed Name & Signature of Accountant

EXAMINED BY

REVIEWED BY

C APPROVED: FOR (P) _____

RECEIVED FROM: _____
Releasing Officer

FOR COA USE ONLY

ALLOWED IN AUDIT: For (P) _____

AMOUNT IN WORDS

Printed Name & Signature
Of Claimant Representative

AMOUNT IN WORDS

OFFICIAL RECEIPT

PRINTED NAME AND SIGNATURE
OF APPROVING OFFICER/REPRESENTATIVE

NUMBER _____
DATE _____

PRINTED NAME AND SIGNATURE
OF AUDITOR

_____, 20 _____

Pay to the order of _____ P _____

_____ Pesos.

REPUBLIC OF THE PHILIPPINES DISBURSEMENT VOUCHER	VOUCHER NO.
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NAME OF AGENCY	National Transmission Corporation		
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NAME & ADDRESS OF CLAIMANT	TEL./LOCAL NO.	EMPLOYEE NO./TIN
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PARTICULARS OF PAYMENT	AMOUNT

A1 Expenses/Cash Advance necessary, lawful and authorized under my direct supervision. _____ <small>PRINTED NAME, DESIGNATION AND SIGNATURE OF OFFICER</small>	A2 Prices Reasonable and not in excess of the current rate in the locality. _____ <small>PRINTED NAME, DESIGNATION AND SIGNATURE OF OFFICER</small>
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B ACCOUNTING ENTRIES

CC	GL	SL			D C E	JO/WO	MV	DM/CM	S	N	BU	YR	RC	DEBIT	CREDIT
		A&G	O & M	OTHERS											

Journalized by/date: _____	Indexed by/date: _____	FOR RFRCD/HODCD USE ONLY
B1 CERTIFIED FUNDS AVAILABLE IN THE AMOUNT OF P _____ _____ <small>Name, Designation & Signature</small>	B2 CERTIFIED: 1) Expenditure properly certified 2) Account codes proper 3) Previous cash advance liquidated / accounted for: _____ <small>Printed Name & Signature of Accountant</small>	VERIFIED on the basis of supporting documents appearing complete and proper, summarized in the checklist at the back hereof. _____ <small>EXAMINED BY</small> _____ <small>REVIEWED BY</small>

C APPROVED: FOR (P) _____ _____ <small>AMOUNT IN WORDS</small> _____ <small>PRINTED NAME AND SIGNATURE OF APPROVING OFFICER/REPRESENTATIVE</small>	RECEIVED FROM: _____ <small>Releasing Officer</small> _____ <small>Printed Name & Signature Of Claimant Representative</small> OFFICIAL RECEIPT <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NUMBER</td> <td>_____</td> </tr> <tr> <td>DATE</td> <td>_____</td> </tr> </table>	NUMBER	_____	DATE	_____	FOR COA USE ONLY ALLOWED IN AUDIT: For (P) _____ _____ <small>AMOUNT IN WORDS</small> _____ <small>PRINTED NAME AND SIGNATURE OF AUDITOR</small>
NUMBER	_____					
DATE	_____					