PRIVATIZATION AND MANAGEMENT OFFICE

104 Gamboa St., Legaspi Village, Makati City www.pmo.gov.ph

REQUEST FOR QUOTATION (RFQ)

| DATE G PEB 2020 | |
|-----------------|--|
| | |

Gentlemen/Ladies:

Please quote your lowest price(s) on the item(s) for the One (1) year Pest Control Services - MLC with an Approved Budget for the Contract (ABC) of One Hundred Ninety-Eight Thousand Pesos (Php198,000.00). Submit your quotation to the authorized canvasser of this office, through fax at 8817-6661 or thru email at mmnatividad@pmo.gov.ph, on or before 10 FEDRUMEY 12:00PM. Bids received beyond the deadline for submission will not be considered.

The contract/purchase order will be awarded to the qualified bidder/supplier/service provider whose proposal is the lowest and most responsive to the requirements of the Privatization and Management Office (PMO) and has no pending report/deliverables to PMO. Bids in excess of the ABC and with non-compliant or incomplete documentary requirements submitted shall automatically be disqualified.

The PMO is in no way bound to accept the lowest price quotation or any proposal which is not advantageous to the government. Further, PMO reserves the right to accept or reject any or all price quotations/proposals at any time prior to contract award/purchase order without thereby incurring any liability to the affected bidder(s)/supplier(s)/service provider(s).

Please submit the following documentary requirements together with your quotation or proposal.

- 1. Certified photocopy of Mayor's/Business Permit
- Certified photocopy of PhilGEPS Registration Number (Certificate of Platinum Membership may be submitted in lieu of documents 1 and 2 above.)
 Choose an item.
- 4. Notarized Omnibus Sworn Statement (SVP with ABCs above Php50K)

Choose an item.

Choose an item.

Choose an item.

Thank you.

Very truly yours,

A C Bernadette M. Ducusin End User - MDI

QUOTATION

| | DATE: | |
|--|--------------------------------|------------------------------|
| | | |
| Dear (Name of End-User); | | |
| We are pleased to submit our quotation | n/proposal for the procurement | of One (1) year Pest Control |

ABC: One Hundred Ninety-Eight Thousand Pesos (Php198,000.00)
MODE OF PROCUREMENT: Alternative Method - Small Value Procurement

Services - MLC with Reference No. PMO-23-____

| ITEM NO. | QTY | UNIT | ARTICLES | BRAND | UNIT PRICE | TOTAL |
|-------------|-----|------|--|-------|---------------|-------|
| | 1 | lot | Pest Control Services in common areas of Mile Long Building, Creekside Building, Gallery Building, and Sunvar Building (comfort rooms, hallways and MLC admin office including garbage disposal dumpsite). | | | |
| | | | Scope of Work: | | | |
| | | | Intensive insecticidal spraying in places and areas where insects congregate, crawl and hide including cracks and crevices. Determine the degree of infestation and use misting machines to disperse minute droplets of insecticide solutions in the area to control mosquitoes and other | | | |
| | | | flying insects. Note: | | | |
| | | | Pest control services will be done twice a month every 1st and 3rd Saturdays of the month. | | | |

TOTAL AMOUNT

| Amount in Words: | | | |
|------------------------------------|---|--|--|
| U SE SERVE SOUR MACHINER CAPITALIO | 2 | | |
| | | | |

TERMS AND CONDITIONS:

- 1. Delivery Period: Twelve (12) Months
- 2. Validity of Price Quotation: thirty (30) calendar days from date of submission of quotation
- 3. Warranty Period: Not Applicable
- 4. Terms of Payment: Within 15-30 calendar days from receipt of billing and complete supporting documents.

We are also submitting herewith the following documentary requirements:

1. Certified photocopy of Mayor's/Business Permit

- 2. Certified photocopy of PhilGEPS Registration Number (Certificate of Platinum Membership may be submitted in lieu of documents 1 and 2 above.) Choose an item.
- 4. Notarized Omnibus Sworn Statement (SVP with ABCs above Php50K) Choose an item.

Choose an item. Choose an item.

| Respectfully yours, | |
|---------------------|--|
| Signature : | |
| Name of Supplier : | |
| Designation : | |
| Company Name: | |
| Contact No. : | |