



Republic of the Philippines
SENATE
REQUEST FOR QUOTATION

Date : 5/21/2025 10:57:26AM
RFQ No. : RSQ-25-05-070
Requisitioner : PPS
Canvasser : RONALD C. GONZALES

Sir/Madam:
We invite all GEPS registered bidders to submit sealed quotation for the item/s listed below, addressed to the Chairman, Bids and Awards Committee (BAC), 4/F Senate of the Philippines, GSIS Bldg., Financial Center, Pasay City. The quotation for Purchase Request No. **PR-25-04-302** must be submitted to the Office of the Chairman, Bids and Awards Committee, Room 408 or the Secretariat, Bids and Awards Committee, Room 401, 4/F Senate of the Philippines, GSIS Building, Financial Center, Pasay City, not later than 5P.M. of _____, Kindly observe and comply with the stated specifications / descriptions / unit of items for quotation, and specify country of manufacture or origin in the item, any erasure must be properly initialed by the bidder. Bidders are presumed to have reviewed all bids indicated herein before submission to the BAC. Please do not forget to indicate the following references in your envelope "PR NO. _____ / RFQ NO. _____, Assigned Canvasser: _____, CLOSING DATE: _____"

Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties, and/or levies payable. Quotations exceeding the Approved Budget for the Contract (ABC) shall be rejected.

LIKewise, ALL QUOTATIONS MUST BE VALID FOR FORTY-FIVE (45) CALENDAR DAYS FROM THE CLOSING DATE OF POSTING WITH THE PhilGEPS AND SUBJECT TO THE GENERAL CONDITIONS FOUND AT THE BACK OF THIS FORM.

ATTY. MARIA VALENTINA S. CRUZ
CHAIRPERSON
BIDS AND AWARDS COMMITTEE

THE CHAIRMAN
Bids and Awards Committee
c/o Secretariat, Bids and Awards Committee
Room 401 4/L, Senate of the Philippines, GSIS Building, Financial Center, Pasay City
Fax No. 552-6601 local 1602 or 552-6793

Sir:
As requested in your letter above, we are pleased to quote hereunder our price/s for the following item/s subject to the General Conditions stated at the back:

ITEM NO.	QTY	UNIT	ITEM/S DESCRIPTION (Kindly indicate BRAND NAME & MODEL of item/s of your offer/bid)	APPROVED BUDGET	UNIT PRICE (Inclusive of all Taxes)	TOTAL
			PR-25-04-302 (PPS)			
1	5	PIECE	Telephone, Corded Specifications: ·Caller ID: Memory for 30 numbers. ·Redial: Redial function for 5 numbers. ·Display: 2-line LCD display. ·Speakerphone: Hands-free calling	Php 17,500.00 Php3,500.00/PIECE		

Nothing Follows

REMARKS:
Interested bidder/service provider shall also submit the following along with the quotation on or before the specified deadline of submission:
Mayor's/Business Permit
b. PhilGEPS Registration Number
For methods of procurement requiring Mayor's Permit and PhilGEPS Registration Number, Certificate of Platinum Membership may be submitted in lieu of said documents.
Income/Business Tax Return
Omnibus Sworn Statement - Winning bidders under Small Value Procurement will be required to submit a Notarized Omnibus Sworn Statement prior to the preparation of the Contract/Purchase or Job Order and if applicable, Original Notarized Secretary's Certificate in case of a corporation, partnership, or cooperative; or original Special of Attorney of all members of the joint venture giving full power and authority to its officer to sign the OSS and do acts to represent the bidder. Template may be accessed to GPPB-TSO website: <https://www.gppb.gov.ph/downloadable-forms/#tab-61412>
Failure of the bidder to submit the required documents is a ground for disqualification.
● Award of contract shall be made to Lowest Calculated Responsive Bid (LCRB), Most Economically Advantageous Responsive Bid (MEARB), Most Advantageous Responsive Bid (MARB) or Highest Rated Responsive Bid (HRRB), which complies with the technical specifications, requirements and other terms and conditions stated herein.

(QUOTATIONS must be valid for forty-five [45] calendar days from closing date)

TERMS OF DELIVERY _____

TERM/S OF PAYMENT: Government Terms (NO C.O.D. / NO ADVANCE PAYMENT) _____
(Name of Company)

Address of Supplier _____

E-Mail Address _____ **PhilGEPS Reg. No.** _____ **Expiry Date:** _____

Tel./Fax No./s _____

TIN _____
(Signature over Printed Name Authorized Representative)