Local Government Unit, TAGUDIN, ILOCOS SUR

Project Reference Number: ***2019-08-RFQ08***
Name of the Project: ***Procurement of Insecticides for the Vector Control Program***
Location of the Project: ***Tagudin, Ilocos Sur***

Standard Form Number: SF-GOOD-60
Revised on:
Standard Form Title: **REQUEST FOR QUOTATION**

Date: August 16, 2019

_____
_____
_____

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, starting the shortest time or delivery and submit your quotation duly signed by your representative not later than August 23, 2019, 1:00 p.m. in the return envelope attached herewith.

MARINA L BALICOCO
BAC Chairman

NOTE:

1. **ALL ENTRIES MUST BE TYPEWRITTEN**
2. **DELIVERY PERIOD WITHIN 7 CALENDAR DAYS**
3. **WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES AND MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY**
4. **PRICE VALIDITY SHALL BE FOR A PERIOD OF 30 CALENDAR DAYS**
5. **G-EPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION**
6. **BIDDERS SHALL SUBMIT ORIGINAL BROACHERS SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED**

ITEM NO.	UNIT	ITEM AND DESCRIPTION	QTY	UNIT PRICE	TOTAL
1	LITER	**Resigen EC (Insecticide)**	20		
		Active Ingredients:			
		S-biosllrthrin 7.2 g/L			
		Permethrin 173.1 g/L			
		Piperonyl Butoxide 155.9 g/L			
		*** *nothing follows* ***			

Approved Budget for Contract: PhP140, 000.00
Source of Fund : CY DRRM Fund
DEADLINE : August 23, 2019 @1:00 p.m.

Brand Model : _____
Delivery Period : ____days____
Warranty : _____
Price Validity : _____

After having carefully read and accepted your General Conditions. I/We quote you on the item noted above.

_____
PRINTED NAME/SIGNATURE

_____
TEL. NO. / CELLPHONE NO.

_____
E-MAIL ADDRESS

Posted at PhilGEPS, LGU Website and at 3 Conspicuous Places
Date Published: August 17-19, 2019