Republic of the Philippines

OFFICE OF THE DEPUTY OMBUDSMAN FOR LUZON

3F Ombudsman Building, Agham Road, North Triangle, Diliman, Quezon City

Trunkline: 479-73-00 local 4324; Telefax: 920-0136

OPEN CANVASS/QUOTATION

P.R. NO.: _____

Tel/Fax: DATE: _____

Bidder's PHILGEPS REGISTRATION CERTIFICATE NO. _____

Valid Until: _____

Manufacturers, suppliers, distributors, contractors &/or consultants are Mandated to register with **PhilGEPS & provide a PhilGPES** Registration Number… as a condition for award of the contract" *(Please see GPPB Resolution No. 30-2013 dated 25 October 2013)*

Gentlemen:

Please quote your lowest government price for the following items specified below. Check/tick the **"COMPLY"** box if bidder complies with the Ombudsman Specifications. A quotation containing unchecked/unticked **"COMPLY"** boxes would be automatically rated as **"FAILED."**

Item No.	ABC (P)	Qty./ Unit	OMBUDSMAN SPECIFICATIONS	Kindly tick the box to signify compliance to the specs.	UNIT PRICE	TOTAL PRICE
1		1 unit	**COMPRESSOR MOTOR**			
			10 TR	☐ comply		
			VOLTAGE 220 TO 230	☐ comply		
			ZR125K-TF5-523	☐ comply		
			LRA-239	☐ comply		
			(SCROLL TYPE, ROTALOCK)			
			FOR USE OF CARRIER A/C 10 TONNER			

Deadline of submission _____

TOTAL: _____

(Late bids shall not be accepted.)

IMPORTANT:

1. ATTENTION: A bidder who submits a quotation is REQUIRED to download this RFQ from the PHILGEPS website before the closing date for inclusion in the PHILGEPS Document Request List (DRL).
2. Bids should be valid for 45 days counted from the deadline of submission.
3. DELIVERY PERIOD: 10 WORKING DAYS upon the receipt of the Purchase Order (Please state the number of days of delivery if beyond the required 10 working days.)
4. In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
5. Term of Payment: CHARGED ACCOUNT, unless specified
6. The total price quoted above is subject to withholding tax and payable check.

BY THE AUTHORITY OF THE DEPUTY OMBUDSMAN FOR LUZON:

_____

Supplier's Representative (Print Name)

_____

Signature / Date

(Sgd.) IRMINA H. BAUTISTA

BAC Chairperson