



Republic of the Philippines
**METROPOLITAN WATERWORKS AND SEWERAGE
SYSTEM**



REQUEST FOR QUOTATION (RFQ)

**PROCUREMENT FOR THE SUPPLY AND DELIVERY OF ALCOHOL AND SURGICAL
FACE MASK**

Contract No. MWSS-2021-ASFM

1. The **Metropolitan Waterworks and Sewerage System-Corporate Office (MWSS-CO)** through its Bids and Awards Committee (BAC) will undertake the Procurement for the Supply and Delivery of Alcohol and Surgical Face Mask
2. The MWSS-CO hereinafter referred to as the “the Procuring Entity” now request you to submit price quotation for the procurement of the abovementioned project, as specified hereunder:

Item	Item Description	Unit	Quantity
1	Alcohol <ul style="list-style-type: none">• 1 gallon per bottle• 68-72% Ethyl	Gallon	150
2	Surgical Face Mask <ul style="list-style-type: none">• 3-ply• 50 pcs per box	Box	200

3. All items listed in the above specifications must be complied on a pass/fail basis. Failure to meet any one of the requirements may result to rejection.
4. The mode/method of procurement shall be in accordance with Section 52.1 (b) (Shopping of the IRR of RA 9184).
5. The **Approved Budget for the Contract (ABC)** is **ONE HUNDRED SIXTY-FIVE THOUSAND PESOS ONLY (PhP 165,000.00)** in Philippine Currency inclusive of Twelve Percent (12%) VAT. Quotation submitted higher than the ABC shall be automatically rejected.
6. The award shall be given to the lowest/single calculated responsive Quotation as evaluated and determined by the BAC.
7. Quotations must be delivered at the address below not later than **09 July 2021 (until 5:00 P.M., Philippine Standard Time)**.

Note: We accept PHYSICAL SUBMISSIONS ONLY. Online submissions shall be rejected.

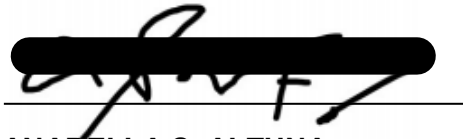
The Department Manager

MWSS-CO Operations Support Department
Metropolitan Waterworks and Sewerage System
4th Floor, Administration Building, MWSS Complex,
Katipunan Road, Balara, Quezon City
Telefax Number: (632) 928-2252
Tel. No. 920-5521 loc. 106 /107

8. Prices must be quoted in Philippine Peso and must include the unit price and total price, inclusive of 12% VAT and all taxes and duties to be paid and other incidental cost to the

delivery site/s if the contract is awarded.

9. The items shall be subjected to inspection by the Final Inspection and Acceptance Committee. Items found defective shall be replaced immediately within seven (7) calendar days from the date of inspection. Full payment shall be made after all items delivered have passed the validation of the aforementioned committee.
10. The MWSS-CO reserves the right to accept or reject any quotation, and to annul the bidding/shopping process or reject all quotations at any time prior to contract award, without thereby incurring any liability to the affected supplier/suppliers. The MWSS-CO reserves the right to waive minor deviations/defects or infirmities therein. A minor deviation/defect or infirmity is one that does not materially affect the overall performance and functionality of the equipment and the capability of the supplier to perform the contract.
11. The prospective bidder shall submit the following:
 - a) Price Quotation Form (ANNEX "A")
 - b) Mayor's/Business Permit
 - c) PhilGEPS Registration Number



ANABELLA S. ALTUNA

Department Manager, Operations Support Department
Chairperson, Bids and Awards Committee - Secretariat

PRICE QUOTATION FORM

DATE: _____

ATTY. ANABELLA S. ALTUNA

Chairperson, BAC Secretariat
 4th Floor, Administration Building, MWSS Complex
 489 Katipunan Avenue, Balara, Quezon City

Dear Atty. Altuna:

After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our quotation for the items as follows:

DESCIRPTION	SPECIFICATIONS	TOTAL QUOTED PRICE
150 Gallons of Alcohol	<ul style="list-style-type: none"> • 1 gallon per bottle • 68-72% Ethyl 	
200 Boxes of Surgical Face Mask	<ul style="list-style-type: none"> • 3-ply • 50 pcs per box 	

Amount in Words: _____ (Php _____)

The above-quoted price is inclusive of all costs and applicable taxes.

Very truly yours,

 Authorized Representative
 Name and Signature

 Name of Company

Contact details: _____

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