Republic of the Philippines
Office of the Mayor
BIDS AND AWARDS COMMITTEE
Dagupan City

Request for Quotation (RFQ)

Procurement Title: **PROCUREMENT OF THREE (3) UNITS OF WYD IODINE TESTING KIT FOR CITY NUTRITION OFFICE USE**

PR No. : **2025-05391-021**
PR Date **08 October, 2025**
Solicitation No. : **462-2N-25**
Philgeps Reference No. : **12541821**
Approved Budget for the Contract: **₱175,050.00**

Please quote your lowest price on the item/s listed described below or in the attached Purchase Request (PR) subject to the General Terms and Conditions Stated herein, submit filled out quotation duly signed by you or your duly authorized representative not later than November 4, 2025, 12:00 PM at the Bids and Awards Committee Office, 2nd Floor, City Hall Complex, A.B. Fernandez Ave., Dagupan City 2400 Pangasinan.

Original Signed
ATTY. AURORA E. VALLE
BAC Chairman

GENERAL TERMS AND CONDITIONS:

1. Warranty shall be for a minimum period of three (3) months for expendable components, one (1) year for non-expendable components, from date of acceptance by the City Government of Dagupan.
2. Price validity shall be for a period of thirty (30) calendar days counted form date of quotation.
3. Price quotation shall be inclusive of all costs and applicable taxes.
4. Delivery period upon receipt of Purchase Order (P.O.)
5. Amount of bid docs to be paid ₱500.00.
6. PhilGEPS REGISTRATION/ CERTIFICATE, MAYOR'S/ BUSINESS PERMIT, TAX REGISTRATION, SEC or DTI. Shall be attached upon submission of quotation.
7. Latest income/business tax return shall be attached upon submission of quotation if ABC is above Php 500,000.00
8. A notarized omnibus sworn statement (GPPB-prescribed format) shall be attached upon submission of quotation if ABC is above Php50,000.00
9. Bidders shall submit original brochures showing certifications of the product being offered. (if applicable)
10. **ANY ALTERATIONS AND/OR ERASURES SHALL BE COUNTER-SIGNED BY THE BIDDER OR HIS/HER DULY AUTHORIZED REPRESENTIVE. BIDS WITH ALTERATIONS AND/OR ERASURES THAT ARE NOT COUNTER-SIGNED SHALL BE REJECTED.**

COMPANY NAME : _____

ADDRESS : _____

PHILGEPS REGISTRATION No. : _____ **Valid Until:** _____

QTY	UNIT	ITEM DESCRIPTION	UNIT COST	APPROVED BUDGET FOR THE CONTRACT	QUOTATION/ OFFER AMOUNT	
					UNIT PRICE	TOTAL AMOUNT
3	units	WYD IODINE TESTING KIT (inclusions: 1 unit WYD Testing Kit; 1 set WYD Solution A, Solution B and Standard Solution; 1 box Fidel Iodized Salt; 1 Training Video on "How to use WYD Testing Kit?")				
				₱175,050.00		

After having carefully read and accepted your General Terms and Conditions, I/ WE quote you on the item at prices noted above.

Signature over printed name _____
(Owner/ Authorized Representative) _____

Telephone/ Mobile No. : _____

Email Address : _____

Date : _____