



## REQUEST FOR QUOTATION

The Cagayan Economic Zone Authority (CEZA), will undertake Shopping for the “Supply and Delivery of Antigen (Swab) Test Kits for COVID-19 Response”, in accordance with Section 52.1 (b) of Implementing Rules and Regulations of Republic Act No. 9184.

<b>Name of Project</b>	Supply and Delivery of Antigen (Swab) Test Kits for COVID-19 Response
<b>Approved Budget for the Contract</b>	One Hundred Ninety-Eight Thousand and 00/100 Pesos Only (Php 198,000.00)
<b>Specifications</b>	See attached Technical Specifications (Annex B)
<b>Location</b>	Cagayan Economic Zone Authority, 10th Floor Greenfield Tower, Mayflower cor. Williams sts., Greenfield District, Highway Hills, Mandaluyong City
<b>Delivery Term</b>	Fifteen (15) calendar days from the receipt of Notice to Proceed (NTP) or Acceptance of Purchase/Job Order

Interested suppliers are required to submit their valid and current Mayor’s/Business Permit, PhilGEPS Registration Number and price quotation form (Annex A) during submission of offer/quotation.

Award of contract shall be made to the lowest quotation, which complies with the minimum description as stated above and other terms and conditions stated in the price quotation form.

Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by the bidder or his/her duly authorized representative/s.

Submission of quotation and eligibility documents is on or before 5:00 PM of September 9, 2021 at the Cagayan Economic Zone Authority, 10<sup>th</sup> Floor Greenfield Tower, Mayflower cor. Williams Sts., Greenfield District, Highway Hills, Mandaluyong City, Metro Manila. Open submission may be submitted, manually or through facsimile at 8291-6704 to 8 local 362 or email @ [bacsecretariat@ceza.gov.ph](mailto:bacsecretariat@ceza.gov.ph).

For inquiry, you may contact us at tel. no 8291-6704 to 8 and email [bacsecretariat@ceza.gov.ph](mailto:bacsecretariat@ceza.gov.ph).

Very truly yours,



**DHART E. CARPIO**  
BAC Chairperson



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Greenfield District, Mandaluyong City, Metr Manila, Philippines 1550  
Tel. (+632)8291-6704 to 08  
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Regional Government Center, Carig Sur,  
Tuguegarao City, Cagayan 3500 - Tel. (+6378) 4844 / 4080



# ANNEX A REQUEST FOR QUOTATION

<p><b>TO: CAGAYAN ECONOMIC ZONE AUTHORITY</b> 10/F GREENFIELD TOWER, MAYFLOWER COR WILLIAMS STREETS, GREENFIELD DISTRICT MANDALUYONG CITY, METRO MANILA, PHILIPPINES 1550 ☎ (632) 370-5519</p> <p>We offer to perform the work or supply these items at the quoted prices and under the terms stated below. We certify that our company is a manufacturer, licensed distributor or dealer of these items and that at least 60% of the capital thereof is owned by Filipinos, proof of which may be submitted.</p> <p>a. Prices shall be valid until _____</p> <p>b. Delivery shall be completed within _____ days from receipt of Job or Purchase Order</p> <p>c. Payment within seven days after delivery, acceptance and compliance with payment requirements</p> <p>d. We shall pay a penalty at 1/10 of 1% of the value of the undelivered balance for each day of delay in delivery or completion of work.</p>	<p>PR No: _____ PR Date: _____</p> <p>Please quote your best prices on the items below under the stated terms and conditions. If the total amount is P80, 000 or more, submit a bidder's bond in cash, manager's or cashier's check equivalent to 5% thereof.</p> <p style="text-align: center;"><b>DHART E. CARPIO</b> Department Manager A for Support Services</p>
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ITEM NO.	QTY.	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
<i><b>Note: Cost must be VAT inclusive</b></i>				<b>TOTAL:</b>	

<p>ENCLOSE THIS FORM IN A SEALED ENVELOPE WITH THE RFQ NUMBER WRITTEN ON THE OUTSIDE AND SUBMIT NOT LATER THAN</p> <table border="1" style="width: 100%; height: 30px; margin: 5px 0;"> <tr> <td style="width: 50%; text-align: center;">DATE</td> <td style="width: 50%; text-align: center;">TIME</td> </tr> </table> <p>WHEN YOU OR YOUR REPRESENTATIVE IS REQUESTED TO ATTEND THE OPENING OF ALL QUOTATIONS, THE AUTHORITY RESERVES THE RIGHT TO ACCEPT OR REJECT ANY OR ALL QUOTATIONS AND TO IMPOSE ADDITIONAL TERMS AND CONDITIONS IT MAY DEEM NECESSARY.</p> <p><b>BUSINESS NAME / BUSINESS ADDRESS:</b></p>	DATE	TIME	<p>TOTAL QUOTATION AMOUNT</p> <p><b>PREPARED BY:</b></p> <p><b>SIGNATURE</b></p> <p><b>NAME</b></p> <p><b>POSITION</b></p> <p><b>PHONE NO. / FAX NO.</b></p>
DATE	TIME		

## ANNEX B

# ***TECHNICAL SPECIFICATIONS***

Bidders/Suppliers must state "Comply" in the column "Statement of Compliance" against each of the individual parameters of each "Specification". Please do not just place check in the bidder's "Statement of Compliance".

Item	Technical Specifications	STATEMENT OF COMPLIANCE
	Supply and Delivery of Antigen (Swab) Test Kits for COVID-19 Response	
I.	<b><u>350 Pieces</u></b> <ul style="list-style-type: none"><li>• Antigen (Swab) Test Kits</li><li>• Nasopharyngeal</li><li>• FDA Approved</li></ul>	