



REPUBLIKA NG PILIPINAS
TANGGAPAN NG PANGULO
LUPON SA MGA LARO AT LIBANGAN
(GAMES AND AMUSEMENTS BOARD)

Legaspi Towers 200, Paseo de Roxas, Makati City
Tel. Nos. 812-57-13 * Fax 816-31-28
www.gab.gov.ph / bac@gab.gov.ph

REQUEST FOR QUOTATION

TO: ALL BIDDERS/SUPPLIERS

The Games and Amusements Board (GAB) through its Bids and Awards Committee (BAC) will undertake a Small Value Procurement in accordance with Section 53.9 of the 2016 Revised Implementing Rules and Regulations of R.A. 9184, hereby invites all interested suppliers/bidders to offer their lowest government price.

The GAB hereinafter referred to as “the Purchaser”, now request submission of a price quotation for the subject below:

Name of Project	ONE (1) YEAR SUBSCRIPTION OF ZOOM LICENSE (PRO PLAN)
Place of Delivery	GAB Main Office, Makati City 2 nd Floor Legaspi Tower 200, Paseo de Roxas St., Makati City
Approved Budget for the Contract	PhP 40,000.00
Technical Specification	See Annex “A”
Deadline of Submission of Quotation	<u>May 31,2021</u>

Interested suppliers are required to submit their duly accomplished Price Quotation Form (ANNEX “A & B”) on or before the deadline of submission of bids/quotation at the BAC Secretariat Office, 2nd floor Legaspi Towers 200, Paseo de Roxas St., Legaspi Village, Makati City. Suppliers have the option to submit open or sealed quotation in the address given above. Open quotation may submit thru email at bacsec@gab.gov.ph or thru facsimile at 8816-31-28.

Suppliers shall be required to submit the following documentary requirements.

- a) Security and Exchange Commission/Department of Trade and Industry (SEC/DTI) Registration Certificate
- b) Valid Mayor’s Permit
- c) Certification of **PHILGEPS** Registration (if available).

Quoted prices shall be inclusive of all applicable taxes and shall be firm and valid for a period of at least sixty (60) calendar days from the date of receipt of quotation and shall be binding upon the supplier within the period.

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

Award of Contract shall be made to the lowest quotation for goods which complies with the minimum technical specifications and other terms and conditions stated herein, any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by the bidder or his/her authorized representative/s.

The GAB reserves the right to accept or reject any or all quotations and to impose additional terms and conditions as it may deem proper.

For inquiries, you may contact Ms. Roselyn Ann Bagasol, BAC Secretariat, at telephone number 8-813-7109 or email at bacsec@gab.gov.ph.

Very truly yours,

DIOSCORO B. BAUTISTA
BAC Chairman

PRICE QUOTATION FORM

THE BIDS AND AWARDS COMMITTEE

GAMES AND AMUSEMENTS BOARD

2/F Legaspi Towers 200

Paseo de Roxas St., Makati City

Sir/Madam:

- After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder are our financial proposal for the items identified below:

DESCRIPTION/SPECIFICATION	QTY.	UNIT PRICE	TOTAL PRICE
One Year subscription of Zoom License (Pro Plan) Host up to 500 participants Group meetings for up to 30 hours Social media streaming 1GB Cloud recording (per license) Single Sign-on	1 lot		
TOTAL (Inclusive of VAT) -----			P
Amount in words:			

Note: The above quoted prices are VAT Inclusive

- We undertake, if our Quotation or bid is accepted, to deliver the above goods **Three – seven (3 - 7) Working days** from receipt of Notice to Proceed (NTP).
- We agree to abide by the Quotation/bid for a period for sixty (60) days after the dated deadline of submission specified in your RFQ.
- We understand that payment for items will be made to the winning supplier after the inspection and acceptance of good(s) delivered.
- The above-quoted price is **INCLUSIVE** of all cost and applicable taxes
- Terms of payment: Monthly, upon submission of Sales Invoice/Billing Statement.

I hereby certify to comply and deliver all the above requirements.

Company Name : _____
 Address : _____
 Signature : _____
 Complete Name : _____
 Contact Detail : _____