



**PLEASE USE THIS FORM. DO NOT RETYPE OR ALTER**

**Annex A**

**TECHNICAL PROPOSAL FORM**

Item No.	Description / Technical Specifications	Qty
1	Repair of RP Vehicle ISUZU Bus w/ Plate No. SAA-1694 <ul style="list-style-type: none"><li>• Replace Suction Control Valve</li><li>• Labor</li></ul>	1 lot

**Project Requirements/Terms and Conditions:**

- 1) **Delivery/completion** period: Within **fifteen (15) calendars days** from receipt of Notice to Proceed.
- 2) **Delivery Site:** Materials Handling Section, Basement, DENR Main Building, Visayas Ave., Diliman, Quezon City
- 3) **Replacement of Defective Items:** Within Fifteen (15) Calendar Days upon receipt of Notice of Defects from DENR.
- 4) **Warranty: One (1) Year** from issuance of Certificate of Inspection and Acceptance.
- 5) Payment shall be made in accordance with the Terms and Conditions of the Contract.
- 6) **Liquidated Damages (LD)** equivalent to one tenth of one percent (0.1%) of the value of contract not delivered within the prescribed period shall be imposed per day of delay. The DENR may rescind the Contract once the cumulative amount of LD reaches 10% of the amount of the Contract, without prejudice to other courses of action and remedies open to it.

**FINANCIAL QUOTATION FORM  
(PRICE MUST BE VAT INCLUSIVE)**

Item No.	DESCRIPTION	QTY	ABC PRICE (₱)	TOTAL BIDDER'S PRICE QUOTATION (₱)
1	Repair of RP Vehicle ISUZU Bus w/ Plate No. SAA-1694 <ul style="list-style-type: none"><li>• Replace Suction Control Valve</li><li>• Labor</li></ul>	1 lot	<b>9,000.00</b>	
<b>GRAND TOTAL</b>				

**BIDDER'S UNDERTAKING**

I/We, the undersigned Supplier, after having examined the Technical Specifications/ Project Requirements, hereby OFFER to supply/deliver/perform the above described items.

I/We undertake, if our proposal is accepted, to deliver the items/services in accordance with the terms and conditions contained in the Request for Quotation.

Until a formal Contract is prepared and signed, this quotation is binding on us.

\_\_\_\_\_  
**NAME OF COMPANY (IN PRINT)**

\_\_\_\_\_  
**SIGNATURE OVER PRINTED NAME OF THE AUTHORIZED REPRESENTATIVE**

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Designation:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Telefax No.:** \_\_\_\_\_  
**Mobile Number:** \_\_\_\_\_