

PLEASE USE THIS FORM. DO NOT RETYPE OR ALTER

Annex A

TECHNICAL PROPOSAL FORM

ITEM DESCRIPTION	MINIMUM TECHNICAL SPECIFICATIONS
Quadrivalent Influenza Vaccines injectable suspension for intramuscular area	1. Charging of payment will be based on the actual number of employees who availed the service. 2. Expiration of the vaccines must be 6 months before the day of administration. 3. Inclusion of Administration (Doctor, Nurse and supplies).
<p style="text-align: center;">Project Requirements/Terms and Conditions:</p> <ol style="list-style-type: none">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 City3) 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 (₱)	Unit Price	Total Price
1	Quadrivalent Influenza Vaccines injectable suspension for intramuscular area	430 pcs	344,000.00		

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: _____