



NEECO II - AREA 1

NUEVA ECIIA II ELECTRIC COOPERATIVE, INC. - AREA 1

Calipahan, Talavera, Nueva Ecija
www.neeco2areal.com
neeco2_area1@yahoo.com.ph
(044) 411-1007 loc. 117

NEECO II-AREA 1's Invitation to Bid No. NE-II-A1-2025-S26

In reference with Board Resolution No. 11-03-25, Series of 2025, the Nueva Ecija II Electric Cooperative Inc. - Area 1 (NEECO II-Area 1) invites sealed Bids for the following:

ITEM NO.	DESCRIPTION	QUANTITY
1	Anti-Influenza Vaccine Quadrivalent Vaccine 2025	347 pieces

Interested bidders must be previously accredited and/or for those interested bidders who may want to participate can be accredited upon completion of Accreditation requirements and full payment of non-refundable accreditation fee of Php 5,000.00 which is valid for one (1) year. Accreditation requirements can be requested to this email: bac_neeco2areal@yahoo.com.ph

Bid proposals shall be addressed to the BAC Chairman and submit/email it to the Bids and Awards Committee on or before November 21, 2025 until 5:00 PM.

ENGR. JEFFREY C. CUDAPAS, MEnM
BAC Chair
Nueva Ecija II Electric Cooperative, Inc.-Area 1
Calipahan, Talavera, Nueva Ecija

For further inquiries, please contact the BAC Secretary, Ms. Set Pauline F. Sarmiento at (044) 411-1007 local 104 or email at bac_neeco2areal@yahoo.com.ph

NEECO II-AREA1 hereby reserves the right to reject any or all bids, to waive any formality or technicality defects therein, and accept the bid that is most advantageous to the NEECO II AREA-1, and to annul the bidding process and not award the contract at any time prior to contract award without incurring any liability to any bidder or party.

Finally, NEECO II -AREA 1 assumes no obligation to compensate any bidder or any party for any loss or expense incurred in the preparation of the bid or participation in the bidding process.

Engr. Jeffrey C. Cudapas, MEnM
BAC Chairman

Engr. Nelson M. Dela Cruz
General Manager

BUSINESS NAME: _____
ADDRESS: _____
CONTACT NO.: _____
PROPRIETOR/: _____
DATE: _____
TIN# NON-VAT: _____
TIN # VAT REGISTERED: _____

PAYEE OR COMPANY NAME *(for check preparation)* _____

No.	Item Description	Quantity	Brand	Unit Cost	Total Cost
1.	Anti-Influenza Vaccine Quadrivalent Vaccine 2025	347 pcs			
EXPIRATION DATE					
TERMS OF PAYMENT					
BID VALIDITY					
DELIVERY					
WARRANTY					
OTHER TERMS					

NAME AND SIGNATURE OF
PROPRIETOR/AUTHORIZED REPRESENTATIVE