REGULATION CO.

Professional Regulation Commission

REQUEST FOR QUOTATION

| C OP THE PHILLI | | | | |
|---|-----------|---|-----------------------------------|--|
| | | RFQ #: | 18 - 041 | |
| | | Date: Ma | y 29, 2018 | |
| | | | y 20, 2010 | |
| | | | | |
| | | | | |
| SIR / MADAM | 1: | | | |
| May nereunder. | we invite | e your company to quote for the lowest price/s, VAT included, on the items/s listed a | and described | |
| Plea Magsalin, thre same in the " | ough Facs | t your QUOTATION to the Bids and Awards Committee (BAC), through BAC Secretary simile No. (02) 310-0037, which shall be stamped thereon the date and time received and s | Ms. Karen M. shall place the | |
| The 3:00 o' clock automatically | in the a | must be received by the BAC Secretariat not later than three (3) days from receipt hereof a fternoon of the last day to submit the quoted price. All bids which are higher than the ed. | nd not beyond ABC shall be | |
| The and those su | BAC rese | erves the rights to reject any and all bid/s submitted which is/are not in accordance with the ter the deadline. Provided, the supplier shall reimburse PRC in case of over pricing. | e specification | |
| | | Very truly yours, | | |
| | | | | |
| Served by: | | | ARISTOGERSON T. GESMUNDO | |
| Takes Ti | | Chairman, Bids & Awards Commi | Chairman, Bids & Awards Committee | |
| Can | vasser | — M/ 29/18 | | |
| Date: | | | | |
| | | | | |
| Quantity | Unit | Item (with specification) | Unit Cost Php 9,600.0 | |
| 21 / | unit | Waste Bin - Swing type top | Filp 9,000.0 | |
| | | Specifications: | | |
| | | - Stainless steel | | |
| 12 | unit | - Size: 12" x 12" x 24" | 2,000.0 | |
| 13 / | unit | Waste Bin - Foot pedal type | 2,000.0 | |
| | | Specifications: | | |
| | - | - Stainless steel | | |
| | | - 12 liters ***nothing follows*** | | |
| | | | | |
| | | NOTE: MODE OF PAYMENT: BANK TO BANK (OTHER THAN LANDBANK | | |
| | | ACCOUNT, BANK CHARGES SHALL BE PAID BY THE SUPPLIER.) | | |

| Received | by: |
|----------|-----|
|----------|-----|

VAT INCLUSIVE

(Name & Signature of Proprietor/ Authorized Representative)

Telephone/ Fax no. _

IMPORTANT:

PLEASE FILL UP ALL REQUIRED DATA AND SUBMIT A PHOTOCOPY OF YOUR VALID BUSINESS PERMIT AND PROOF OF PHILGEPS REGISTRATION.

P. PAREDES ST. CORNER N.REYES ST. SAMPALOC, MANILA, TELEFAX. NO. 7362247

By: TAVira

SPD-04 Rev. 01 March 22, 2017 Page 1 of 1

\$ 5-30-18 PE



Waste Bin – Swing Type Top



Waste Bin – Foot Pedal Type