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Professional Regulation Commission

REQUEST FOR QUOTATION

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SIR / MADAM:

May we invite your company to quote for the lowest price/s, VAT included, on the items/s listed and described hereunder.

Please submit your QUOTATION to the Bids and Awards Committee (BAC), through BAC Secretary Ms. Karen M. Magsalin, through Facsimile No. (02) 310-0037, which shall be stamped thereon the date and time received and shall place the same in the "Bids Box".

The quotation must be received by the BAC Secretariat not later than three (3) days from receipt hereof and not beyond 3:00 o' clock in the afternoon of the last day to submit the quoted price. All bids which are higher than the ABC shall be automatically disqualified.

The BAC reserves the rights to reject any and all bid/s submitted which is/are not in accordance with the specification and those submitted after the deadline. Provided, the supplier shall reimburse PRC in case of over pricing.

Very truly yours,

Served by:

ARISTOGERSON T. GESMUNDO
Chairman, Bids & Awards Committee

Canvasser

Date: ______

Quantity	Unit	Item (with specification)	Unit Cost
10,000	рс	Envelope Documentary	Php 4.00
		- for A4 size document	
	-	- 500 pieces per box	
2,000	рс	Folder, Tagboard	5.00
		- for A4 size documents	
		- 100 pieces per pack	
2,000 /	рс	Permanent Marker - black	30.00
		- bullet type	
200	box	Rubber Band,	150.00
		- 70mm min lay flat length (#18)	
600	рс	Sign Pen, Black	65.00
	ý	- Liquid/Gel Ink, 0.05mm Needle Tip	· ·
		nothing follows	
		Schedule of Delivery:	
		Envelope, Documentary – Sept. 1, 2018 = 10,000 pcs	
		Folder, Tagboard - July 1, 2018 = 1,000 pcs	
		Sept. 1, 2018 = 1,000 pcs	
		Marker, Permanent (black) - July 1, 2018 = 1,000 pcs	
		Sept. 1, 2018 = 1,000 pcs	
		Rubber band – July 1, 2018 = 100 boxes	
		Sept. 1, 2018 = 100 boxes	
		Sign pen(Black) – July 1, 2018 = 300 pcs	
		Sept 1, 2018 = 300 pcs	
		NOTE: MODE OF PAYMENT: BANK TO BANK (OTHER THAN LANDBANK	- W
		ACCOUNT, BANK CHARGES SHALL BE PAID BY THE SUPPLIER.)	
		VAT INCLUSIVE	

Received by:

(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

.5.18 2:40 pm

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