

4:25

**Professional Regulation Commission**

**REQUEST FOR QUOTATION**

RFQ #: 2017-059

Date: April 19, 2017

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 Mr. Romel B. Ruiz, through Facsimile No. (02) 310-0037, which shall be stamped thereon the date and time received and shall place the same in the "Bid 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  
*4/19/17*

Canvasser

Date: \_\_\_\_\_

Quantity	Unit	Item (with specification)	Unit Cost
1,584	bottle	<b>Supply &amp; Delivery of Purified Drinking Water</b>	Php 25.00
		a. Cost of 5 gallons of Purified H2O (product of 27 stages or more water filtration/ purification system utilizing reverse osmosis)	
		b. No. of containers for delivery - 40 containers of 5 gallons per week	
		c. Cost of plastic - free use/no deposit	
		d. Delivery schedule & pick up of empty bottles every Tuesday and Thursday of the week	
		e. During Emergency - anytime delivery schedule	
		f. Mode of payment - every end of the month	
		g. Packaging - Gallons individually wrapped with plastic	
		h. Gallons - New, not crumpled	
		i. Others :	
		- No delivery charge	
		- monthly water test result approved by DOH accredited Lab agency	
		<b>***nothing follows***</b>	
		<b>NOTE: MODE OF PAYMENT: BANK TO BANK (OTHER THAN LANDBANK ACCOUNT, BANK CHARGES SHALL BE PAID BY THE SUPPLIER.)</b>	
		<b>VAT INCLUSIVE</b>	

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 PhilGeps Certificate of Registration.

*4/19/17*  
8:42 am