

## **Professional Regulation Commission**

## REQUEST FOR QUOTATION

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| D | _ | $\cap$ | #:  | 2022-038   |
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Date: October 10, 2022

SIR / MADAM:

The Professional Regulation Commission, through its Bids and Awards Committee, intends to procure the items listed and described hereunder, in accordance with Section <u>52</u> (Shopping) of the 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184.

Please quote your best proposal/offer duly signed by you or your duly authorized representative in any or all lots described herein not later than October 18, 2022 at 3:00pm. Submit your quotation to the BAC office, 4th floor PRC Annex Building or through the BAC email address at bac@prc.gov.ph or facsimile No. 5310-0037. Quotations exceeding the Approved Budget for the contract shall be rejected.

The following documents are also required to be submitted along with your quotation/proposal on the specified deadline above.

- 1. Photocopy of Valid Business Permit
- 2. Proof of Philgeps Registration

Very truly yours,

ERWIN M. ENAD

Commissioner

Chairman, Bids/and Awards Committee

| ITEM<br>(with Specification)                                | QUANTITY            | Approved Budget for the Contract (ABC) | Offered Price<br>per Unit         | Total Offered Quotation<br>(Quantity x Unit Price) |  |
|---|---------------------|--|-----------------------------------|--|--|
| Cable Ramp Protector • at least 2 channel • 1m x 22cm x 3cm | 10 units            | Php29,750.00                           | Php                               | In words:  |  |
|   |                     |  |                                   | In figures:  |  |
|   |                     | a a                                    |                                   | (Inclusive of VAT and other taxes                  |  |
| Delivery Period: Thirty to Forty                            | -Five (30 to 45) da | ys from receipt of Purch               | nase Order (PO                    |  |  |
|   |                     |  | Signature Over Printed Name       |  |  |
|   |                     | -                                      | Position / Designation            |  |  |
|   | 7.7                 |  | Telephone/ Fax No./E-mail Address |  |  |

NOTE: MODE OF PAYMENT: BANK TO BANK (OTHER THAN LANDBANK ACCOUNT, BANK CHARGES SHALL BE PAID BY THE SUPPLIER)



PSD-04 Rev. 03 April 19, 2022 Page 1 of 1