PSCOM

Professional Regulation Commission

REQUEST FOR QUOTATION

		REQUEST FOR QUOTATION			
		RFQ #:20	21-009		
***************************************		Date:July 2	3, 2021		
to the state of th	10-411011/4-11-4-11-4-11-4-11-4-11-4-11-	<u> </u>			
		_ 			
SIR / MADAM	:				
May we invite	your comp	pany to quote for the lowest price/s, VAT included, on the items/s listed and described hereur	nder.		
Please submit through Facsir "Bids Box".	t your QU mile No. (0	OTATION to the Bids and Awards Committee (BAC), through BAC Secretary Ms. Karen (2) 5310-0037, which shall be stamped thereon the date and time received and shall place the	M. Magsalin, e same in the		
		eceived by the BAC Secretariat not later than three (3) days from receipt hereof and not be f the last day to submit the quoted price. All bids which are higher than the ABC shall be a			
		ights to reject any and all bid/s submitted which is/are not in accordance with the specification. Provided, the supplier shall reimburse PRC in case of over pricing.	on and those		
		Very truly yours,	Very truly yours,		
Served by:		ARISTOGERSON T. GESMUNDO Chairman, Bids & Awards Committe			
		Chairman, Bids & Awards Committ			
Canv	asser		,		
Date:		<u>.</u>			
Quantity	Unit	Item (with specification)	Unit Cost		
376	piece	Face Shield, direct protection	Php15.00		
2,295	piece	KN95 Face Mask	80.00		
3		***nothing follows***			
*		Delivery Term: within 15 calendar days upon receipt of Purchase Order			
	2	NOTE: MODE OF PAYMENT: BANK TO BANK (OTHER THAN I ANDRANK			
		INCLE WCHECE PAINTENLESANS (CHANS (CHER IMANIANI)KANS	1		

ACCOUNT, BANK CHARGES SHALL BE PAID BY THE SUPPLIER.)

VAT INCLUSIVE

Received by:	
(Name & Signature	of Proprietor/ Authorized Representative)
Telephone/ Fax no.	

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. 5310-2013 / 5310-0037

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IMPORTANT:

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