SHOW SEGULATION COMMISSION

Date: _

Professional Regulation Commission

REQUEST FOR QUOTATION

| OF THE PHILL | | |
|--|--|---|
| | RFQ#: | 2018-008 |
| | Date: | December 17, 2018 |
| | Date. | December 17, 2010 |
| | | |
| | | |
| | | |
| SIR / MADAM: | | |
| May we invite your company to quote for the | e lowest price/s, VAT included, on the items/s lis | ted and described hereunder. |
| Please submit your QUOTATION to the Mr. Daniel Jose C. Cocjin, through Facsimile No. (6 shall place the same in the "Bid Box". | e Regional Bids and Awards Committee (RB 033) 3292410, which shall be stamped thereon | AC), through RBAC Secretar the date and time received an |
| The quotation must be received by the RBA in the afternoon of the last day to submit the quoted | AC not later than three (3) days from receipt her price. All bids which are higher than the ABC sha | |
| The BAC reserves the rights to reject any those submitted after the deadline. Provided, the sup | and all bid/s submitted which is/are not in accorplier shall reimburse PRC in case of over pricing | |
| | Very truly yours, | |
| | (On Leave) | |
| | JOY S. JALBUENA, MPA | |
| | Supervising Professional Re Chairperson, Regional Bids | |
| | Bamp6. Ostnas | |
| | ROMEL B. BALISANG, MP | A |
| | Supervising Administrative (| Officer |
| | Vice-Chairperson, Regional | / I L |
| Served by: | The second secon | (L) |
| JULIUS-I C. PERASOL | | |
| Administrative Aide I Canvasser | | |
| Canvasser | | |

| Quantity | Unit | Item (with specification) | Unit Cost |
|-----------------|-----------|---|-------------------|
| 30 | Unit | Gang Chair (4-seater) | Php9,500.00 |
| X-X-X-X-X-X-X-X | X-X-X-X-X | x-x-x-x-x-x-x-x-x-x-x NOTHING FOLLOWS x-x-x-x-x-x-x-x-x-x-x-x | X-X-X-X-X-X-X-X-X |
| | Remarks: | For use in PRC-Iloilo Regional Office | |
| | Note: | Mode of Payment: CASH | |
| | | | |
| | | • | |
| | | | |
| | | | |
| | | 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 PhilGEPS Registration Number