



Professional Regulation Commission

REQUEST FOR QUOTATION

RFQ #: 2021-039

Date: December 12, 2021

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) 5310-0037, 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:

JOSE Y. CUETO, JR.
Commissioner
Chairman, Bids & Awards Committee

Canvasser

Date:

Quantity	Unit	Item (with specification)	Unit Cost
4	Unit	LOT 1: Refrigerator	Php20,000.00
		<u>Specifications:</u>	
		• Capacity: 230 liters or more, including freezer capacity	
		• 2door or single door, top mount freezer	
		• minimum 8.0 cubic feet	
1	Unit	LOT 2: Refrigerator	Php9,280.33
		<u>Specifications:</u>	
		• approximately 3.2-3.5cu ft.	
		• two-door/personal ref	
		• freezer capacity: 25L-28L	
		• total shelf area: 5-10kg	
		• defrost system: manual or automatic	
		• mechanical control knob	
		Net weight: 22.5 – 24.6kg	
		Dimensions: 472-475mm x 850mm x 505mm	
		Power requirements: approx. 220v-230v	
2	Unit	LOT 3: Refrigerator	Php14,999.00
		<u>Specifications:</u>	
		• single door	
		• inverter	
		• semi-automatic defrost system	
		• 6.0 cubic feet	
		nothing follows	
		Delivery Period: within fifteen (15) calendar days from receipt of Purchase Order	
		NOTE: MODE OF PAYMENT: BANK TO BANK (OTHER THAN LANDBANK	
		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. 5310-2013 / 5310-0037

By: EB Andaya