



Professional Regulation Commission

REQUEST FOR QUOTATION

RFQ #: 2021-030

Date: October 14, 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:

ARISTOGERSON T. GESMUNDO
Chairman, Bids & Awards Committee

Canvasser

Date:

| Quantity | Unit | Item (with specification) | Unit Cost |
|----------|-------|---|-------------|
| 8 | piece | Glass mirror 1/4" x 80cm x 60cm | Php2,396.00 |
| 2 | piece | Glass mirror 1/4" x 80cm x 100cm | 3,316.00 |
| 3 | piece | Glass mirror 1/4" x 80cm x 120cm | 3,721.00 |
| 7 | piece | Glass mirror 1/4" x 80cm x 70cm | 2,585.00 |
| 3 | piece | Glass mirror 1/4" x 80cm x 90cm | 2,990.00 |
| 4 | piece | Glass mirror 1/4" x 80cm x 50cm | 2,125.00 |
| 1 | piece | Glass mirror 1/4" x 80cm x 150cm | 5,225.00 |
| 3 | piece | Glass mirror 1/4" x 80cm x 80cm | 2,905.00 |
| 1 | piece | Glass mirror 1/4" x 70cm x 60cm | 2,133.00 |
| | | ***nothing follows*** | |
| | | Supply and Installation | |
| | | Super white aluminum frame (1"x2") with glass silicon/ sealant | |
| | | | |
| | | 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: ABagadiong

