

Professional Regulation Commission

REQUEST FOR QUOTATION

533	Dc	Custominad File B.	Unit Cos
Quantity	Unit	Item (with specification)	Linit O
Date:			
	ivasser		
		, 110 07 110 07 110 07 110	7
Served by:		ARISTOGERSON T. GESMUN Chairman, Bids & Awards Comm	IDO (
		Very truly yours,	
The and those si	e BAC resubmitted at	erves the rights to reject any and all bid/s submitted which is/are not in accordar fter the deadline. Provided, the supplier shall reimburse PRC in case of over pricin	ice with the specification g.
The 3:00 o' clock automaticall	e quotation ok in the a ly disqualif	n must be received by the BAC Secretariat not later than three (3) days from receing afternoon of the last day to submit the quoted price. All bids which are higher ided.	ot hereof and not beyond than the ABC shall be
Ple Magsalin, th same in the	ease subm rough Fac "Bids Box"	nit your QUOTATION to the Bids and Awards Committee (BAC), through BAC esimile No. (02) 5310-0037, which shall be stamped thereon the date and time rec	Secretary Ms. Karen M. eived and shall place the
Ma hereunder.	ay we invi	te your company to quote for the lowest price/s, VAT included, on the item	s/s listed and described
SIR / MADA	AM:		
0		Date	e: <u>June 10, 2020</u>
		RFC	catalogacian in
		DEC) #: 2020 000

Quantity	Unit	Item (with specification)	Unit Cost
533	Pc	Customized File Box	Php130.00
		Specifications:	1 110 130.00
		• Cover size: 4 3/4" x 18 1/2"	
		Chipboard #15 inside support using prima cover with punch hole in both	
		ends (oval shape)	
		Color: green, red and blue	
		nothing follows	
		Delivery Term: (Approved P.O.)	
		1st delivery: 190 pcs – 15 calendar days upon receipt of approved sample	
		2nd delivery: 180 pcs – 15 calendar days upon receipt of Notice to Deliver	
		3rd delivery: 163 pcs – 15 calendar days upon receipt of Notice to Deliver	
		NOTE: MODE OF PAYMENT: BANK TO BANK (OTHER THAN LANDRANK	
		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: ASantos