Professional Regulation Commission

REQUEST FOR QUOTATION

| | | RFC | Q#:2018-003 |
|------------------------------------|-------------|---|--|
| | | Da | te: <u>January 30, 2018</u> |
| | | | |
| SIR / MADA | AM: | | |
| Ma hereunder. | ay we invi | te your company to quote for the lowest price/s, VAT included, on the item | ns/s listed and described |
| Plo Magsalin, to same in the | hrough Fac | nit your QUOTATION to the Bids and Awards Committee (BAC), through BAC simile No. (02) 310-0037, which shall be stamped thereon the date and time reserved. | Secretary Ms, Karen M. ceived and shall place the |
| Th 3:00 o' clo automatical | ck in the a | n must be received by the BAC Secretariat not later than three (3) days from receing terms on of the last day to submit the quoted price. All bids which are highered. | sipt hereof and not beyond er than the ABC shall be |
| Th and those s | e BAC res | erves the rights to reject any and all bid/s submitted which is/are not in accordant fer the deadline. Provided, the supplier shall reimburse PRC in case of over pricing the deadline. | ance with the specification |
| | | Very truly yours, | |
| Served by: | | ARISTOGERSON T Chairman, Bids & Ave | ards Committee |
| Ca Date: | nvasser | | afforsoid |
| Quantity | Unit | Item (with specification) | Unit Cost |
| 12,000 | bottle | Supply and delivery of Purified Drinking Water | Php 25. |

| Quantity | Unit | Item (with specification) | Unit Cost |
|----------|--------|--|-----------|
| 12,000 | bottle | Supply and delivery of Purified Drinking Water | Php 25.0 |
| | | a. Cost of 5 gallons of purified H2O (product of 27 stages or more water filtration/ | |
| | | purification system utilizing reverse osmosis) | |
| | | b. No. of Containers for delivery - 250 containers of 5 gallons per week | |
| | | c. Cost of plastic - free use/no deposit | |
| | | d. Delivery schedule & pick up of empty bottles every Tuesday and Thursday of the week | |
| | | e. During Emergency - anytime delivery schedule | |
| | | f. Mode of payment - every end of the month | |
| | | g. Packaging - Gallons individually wrapped with plastic | |
| | | h. Gallons - New, not crumpled | |
| | | i. Other services | |
| | | - no delivery charge | |
| | | - free use of 37 units hot and cold dispensers with sterilizer | |
| | | monthly water test result approved by DOH accredited Lab agency | |
| | | - free maintenance services of the table top and hot and cold | |
| | | dispenser per month | |
| | | ***nothing follows*** | |
| | | 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.

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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, TEL. NO. 7362247

me care 8/3 2/2/18 10:10.00

Reviewed by

Certified Correct:

PACITA P. TENORIO

Assistant OIC, Procurement and Supply Division

EMMAT. FRANCISCO

OIC, Procurement and Supply Division