



REQUEST FOR QUOTATION

		RFQ #:20	21-029
		Date: Octobe	er 5, 2021
SIR / MADAM	:		
May we invite	your com	pany to quote for the lowest price/s, VAT included, on the items/s listed and described hereur	nder.
		OTATION to the Bids and Awards Committee (BAC), through BAC Secretary Ms. Karen M. N -0037, which shall be stamped thereon the date and time received and shall place the same i	
		eceived by the BAC Secretariat not later than three (3) days from receipt hereof and not bey	
		ist day to submit the quoted price. <u>All bids which are higher than the ABC shall be automatica</u>	
		rights to reject any and all bid/s submitted which is/are not in accordance with the specific lline. Provided, the supplier shall reimburse PRC in case of over pricing.	cation and those
		Very truly yours,	
Served by:		ARISTOGERSON T. GESMUNDO	Δ
		Chairman, Bids & Awards Committe	* e
-		<u> </u>	
Canv	asser		
Date:		_	
Quantity	Unit	Item (with specification)	Unit Cos
4	Unit	LOT 1: Refrigerator	Php20,000.0
		Specifications:	
		Capacity: 230 liters or more, including freezer capacity	
	1	• Two (2) door, top mount freezer	
1	Linit	• 8.0 cubic feet	DI 10 114
1	Unit	LOT 2: Refrigerator	Php12,444.8
ş.		Specifications:	
		Height: approximately 113.5cm to 145.9cm Note that the same and the 47 and the 54.5cm. Height: approximately 113.5cm to 145.9cm.	
		Width: approximately 47cm to 54.5cm	*
		Length: approximately 56.2cm to 69.5cm Canadity minimum of 5.8 cybic fact to 8 cybic fact.	
		Capacity: minimum of 5.8 cubic feet to 8 cubic feet Single/Two-Door	
2	Unit	LOT 3: Refrigerator	Php14,999.0
	·	Specifications:	Php 14,999.0
		• single door	
		• inverter	
		semi-automatic defrost system	
		6.0 cubic feet	
		nothing follows	8
		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 Represe	ntative)
		Telephone/ Fay 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: ASEugenio Off