Professional Regulation Commission

CANVASS FORM

CF #: **2016-106**

Date: **August 5, 2016**

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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 Atty. Warren Marc P. Lloren, located at the 2nd floor, Office for Financial and Administrative Service (OFAS), PRC Annex Building, P. Paredes St., corner N. Reyes St., Sampaloc, Manila through fax at (02) 736-22-43/310-00-37 or in duplicate copies placed in a sealed envelope, which shall be stamped thereon the date and time received by the BAC Secretariat.

The quotation received through fax or sealed envelope 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,

ARISTOGERSON T. GESMUNDO
Chairman, Bids & Awards Committee
08/05/16

Served by:

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Canvasser

Date: _____

Quantity	Unit	Item (with specification)	Unit Cost
1	lot	Labor/Service for quarterly preventive maintenance of 91 Air Conditioning units in various offices	Php127,400.00
		SCOPE OF WORK:	
		a. Observe and check equipment condition	
		b. Calibrate and adjust all moving parts when required	
		c. Check amount of oil and refrigerant in unit and recommend necessary action if needed	
		d. Inspect and check all possible leakages in system	
		e. General cleaning of evaporator coils, condenser coils, centrifugal fan, control switches, panels, terminals, relay, etc.	
		f. Free service check-up	
		******nothing follows******	
		Note: Mode of payment: bank to bank	
		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 BUSINESS PERMIT.

by: PAFontanilla

8-5-16 03:46