

## Professional Regulation Commission

## **CANVASS FORM**

	CF #:
	Date: December 19, 2016
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 Mr. Romel B. Ruiz, located at the 3rd floor, BAC/QMS Office, PRC Annex Building, P. Paredes St., Sampaloc, Manila in duplicate copies placed in a sealed envelope or through Tel. Fax. at (02) 310-00-37, which shall be stamped thereon the date and time received and shall place the same in the "Bids Box" 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,

Served by:	ARISTOGERSON T. GESMUNDO			
001100 071	Chairman, Bids & Awards Committee >	3		
Canvasser	101 12/1/11			
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Quantity	Unit	Item (with specification)	Unit Cost
/160	pc	Blank Cassette Tape - 60 minutes, for audio cassette recorder, 60 minutes	Php120.00
7.100	700	recording time	The Resident States
-25	box	/Surgical Mask (50 pcs/box)	-80.00
/50	pc	-Finger Moistener	_25.00
300	-DC	Compact Disc Recordable, 700 MB min, speed: 1x-52x min, individually packed in	-25.00
	-	clear or translucent slim non-breakable plastic case, 80 minutes recording time	
-150 pc	Compact Disc Rewritable, 700 MB min, speed: 4x-10x min, individually packed in clear	-39.00	
- 410 -	22317	or translucent slim non-breakable plastic case, 80 minutes recording time	
		*****nothing follows****	
		Note: Mode of payment: bank to bank	
		Parallel management of a control of the control of	
		VAT INCLUSIVE	
		Received by:	

(Name & Signature of Proprietor/ Authorized Representative) Telephone/ Fax no.

IMPORTANT:

Date:

Please fill up all required data and submit a photocopy of your Valid Business Permit and PhilGeps Certificate of Registration.

by: PAFontanilla WAC OEC . HAS 12-19-14 2:30