



REQUEST for QUOTATION/PROPOSAL

Project Name: **Procurement Corporate Giveaways**

Approved Budget for the Contract (ABC): **P/ 92,500.00**

Mode of Procurement: **Small Value Procurement (SVP)**

RFQ Date.: _____


RFQ No.: _____

PhilGEPS Reference No.: _____

Sir/Madam:

Please quote your lowest price on the item/s listed below, including the shortest period within which you can render delivery. Kindly submit your quotation duly signed by your authorized representative/s together with documentary requirements specified below on or before the deadline of submission thru our email at padc.bacsecretariat@gmail.com.

- You are required to sign or affix your initials on each page and shall submit the following documentary requirements together with your quotation/s:
- 1. Certificate of Philgeps Registration (all pages)
 - 2. Valid/Latest Mayor's/Business Permit
 - 3. Income/Business Tax Return
 - 4. Tax Clearance
 - 5. DTI Certificate or SEC Registration



RANIER T. ROSARIO

Head, BAC Secretariat

L/I	PART NUMBER/DESCRIPTION	QTY	UNIT	APPROVED BUDGET FOR THE CONTRACT	QUOTATION	
					UNIT COST	TOTAL COST
1	Polo Shirt (White, L/XL) with PADC logo and company name embroidered	100	pc	30,000.00		
2	Calendar with big numbers, wall/table calendar	100	pc	15,000.00		
3	Beer Mug with PADC logo print and box	100	pc	25,000.00		
4	Personalized Sign Pen	50	pc	5,000.00		
5	Personalized Calling Card Holder	50	pc	7,500.00		
6	Personalized Planner, leatherette	50	pc	10,000.00		
x-x-x-x- Nothing Follows -x-x-x-x						
TOTAL						

All price quotations are VAT Inclusive

All price quotations are subject to withholding of CREDITABLE TAXES

	VAT Registered	NON-VAT Registered
Expanded Tax - Parts/Materials	1%	1%
Service/Labor	2%	2%
VAT Withheld	5%	
Percentage Tax		1%

TERMS: _____

PRICE VALIDITY (no. of days): _____

DELIVERY PERIOD: _____

After having carefully reading and accepting your Requirements and Conditions, I/We quote you on the item at prices noted above.

Name of Company/ Contractor

Address: _____

Telephone No./ Cellphone No: _____

Email Address: _____

Signature

Name of Authorized Representative

Date