## Republic of the Philippines EARLY CHILDHOOD CARE AND DEVELOPMENT COUNCIL

4/F Belvedere Tower, No. 15 San Miguel Avenue, Ortigas Center, Pasig City

**REQUEST FOR QUOTATION** 

1ei. No. 571-6833; Fax No.571-4612 Local 829		
	Date:	

## Gentlemen:

Please quote your lowest government price (s), stating the shortest time of delivery on the item(s) listed below and submit your quotation duly signed by your representative through email or sealed envelope directed to the Chairperson, Bids and Award Committee of this office on or before July 22, 2024

If you do not have the exact item on request, please feel free to offer the equivalent or possible substitute.

Very Truly yours,

BAC Chairnerson

							BAG Gridii perso	BAC Chairperson		
QTY	UNIT		, ,	UNIT PRICE	TOTAL					
		Printing of	Printing of Community Mapping Forms:							
		Forms	No. of pages	Copy per page	copies per set	No. of set				
33,975	sets	Form 1	3	1	75	151				
45,300	sets	Form 2	4	1	75	151				
453	sets	Form 3	1	3	1	151				
2,718	sets	Form 4	6	3	1	151				
3,624	sets	Form 5	8	3	1	151				
67,950	sets	Form 6	3	3	50	151				
45,300	sets	Form 7	2	3	50	151				
2,718	sets	Form 8	6	3	1	151				
1,359	sets	Form 9	3	3	1	151				
		Description	Description:							
		- Black and White								
		- one side print								
		- Stapled								
		- Paper Size: A4								
		Other Requirements to be submitted:         Philgeps Registration Number         Mayor's Permit								
		Income/Business Tax Return								
		Omnibus Sworn Statement								
		Conditions:								
		Terms of Payment: Send Bill Quotation - inclusive of VAT								
		For any queries, you may Contact Nos. 8571-6833/8571-4615								
		Email Add: ndl@eccdcouncil.gov.ph/cora@eccdcouncil.gov.ph/glennvillacorte@eccdcouncil.gov.ph						gov.ph		

After having carefully read and accept your requirements, I/we quote you on the above items and bind ourselves to deliver the above articles and description within the specified dates. The quotations are good up to 60 calendar days.

SUPPLIER				
Signature				
Name				
Office/Company Name				
Address				
Telephone Nos.				
Fax Nos.				