

Republic of the Philippines
EARLY CHILDHOOD CARE AND DEVELOPMENT COUNCIL
4/F Belvedere Tower, No. 15 San Miguel Avenue, Ortigas Center, Pasig City
Tel. No. 571-6833; Fax No.571-4612 Local 829

Date: _____

REQUEST FOR QUOTATION

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 April 26, 2024.

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

Very Truly yours,


NECITAS D. LARGO
BAC Chairperson

| QTY | UNIT | ARTICLES AND DESCRIPTION | | | | | UNIT PRICE | TOTAL |
|--------|------|---|--------------|-------------------|------------------|------------|------------|-------|
| 1 | lot | Reproduction of Community Mapping Forms: | | | | | | |
| | | Forms | No. of pages | Copies (per page) | copies per Pages | No. of set | | |
| 47,250 | sets | Form 1 | 3 | 1 | 75 | 210 | | |
| 63,000 | sets | Form 2 | 4 | 1 | 75 | 210 | | |
| 630 | sets | Form 3 | 1 | 3 | 1 | 210 | | |
| 3,780 | sets | Form 4 | 6 | 3 | 1 | 210 | | |
| 4,410 | sets | Form 5 | 7 | 3 | 1 | 210 | | |
| 94,500 | sets | Form 6 | 3 | 3 | 50 | 210 | | |
| 63,000 | sets | Form 7 | 2 | 3 | 50 | 210 | | |
| 3,780 | sets | Form 8 | 6 | 3 | 1 | 210 | | |
| 1,890 | sets | Form 9 | 3 | 3 | 1 | 210 | | |
| | | Description: | | | | | | |
| | | - Black and White | | | | | | |
| | | - Stapled | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | <u>Other Requirements to be submitted:</u> | | | | | | |
| | | 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 | | | | | | |

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. | |