**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**

**REPOST** **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 direct to the Chairperson, Bids and Award Committee or thru the authorized canvasser of this office on or before February 10, 2025.

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 |
|---|---|---|---|---|
| 975 | units | Supply and Delivery of Tote Bag for Program Unit | | |
| | | - Material: Bull Twill Fabric | | |
| | | - Color: Navy Blue | | |
| | | - Dimension: Height 13.5 inches, Width 15.5 inches, Spine 3 inches | | |
| | | **Design:** | | |
| | | - with inside pocket | | |
| | | - zipper opening | | |
| | | - self fabric strap, 26 inches length | | |
| | | - embroider print of ECCDC logo at the middle (3.5) | | |
| | | - **See attached ECCDC** | | |
| | | - Sample bag is subject for approval prior to reproduction | | |
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| | | **Other Requirements:** | | |
| | | PhilGEPs Registration No. | | |
| | | BIR Certificate of Registration | | |
| | | Business/Income Tax Return latest | | |
| | | Mayor's Permit | | |
| | | Ominbus Sworn Statement (Revised) | | |
| | | **Terms of Payment:: Send Bill** | | |
| | | **Quotations are inclusive of all Taxes** | | |
| | | 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 | |
| Company Name | |
| Name/Designation | |
| Address | |
| Telephone Nos. | |
| CP Nos. | |