Republic of the Philippines
Department of Labor and Employment
EMPLOYEES' COMPENSATION COMMISSION

REQUEST FOR PRICE QUOTATION/ PROPOSAL

Project: Annual Physical Exam	**RPQ No.: 24-07-305**
Mode of Procurement: Negotiated Procurement - Small Value Procurement (Sec. 53.9)	**Date: July 23, 2024**
Approved Budget for the Contract: 260,000.00	**PR No.: 24-07-472**

Sir/Madam:

The Employee's Compensation Commission invites you to submit your **LOWEST PRICE OFFER (inclusive of all taxes),** on the project/ items described below and subject to the Terms of Reference / Specifications provided in this RPQ. Price Quotation may be submitted through the following modes:

For RPQ with ABC of ₱50,000.00 and below	☐	1. Signed printed Quotation (open canvass/ envelope) via manual submission/handcarry/ mail or courier; to the BAC Secretariat 5F ECC Bldg. 355 Sen. Gil Puyat Avenue, Makati City 2. Online or electronic submission of signed soft copy via email to supply@ecc.gov.ph
For RPQ with ABC above ₱50,000.00	☑	1. Signed printed quotation in **a sealed envelope** via personal submission/ handcarry/ mail or courier, to the BAC Secretariat 5F ECC Bldg. 355 Sen. Gil Puyat Avenue, Makati City

Submit your proposals with the required eligibility documents not later than _____. Bids / quotes in excess of the ABC shall be automatically rejected. The ECC reserves the right to reject any or all bids/ quotations.

Very truly yours,

ATTY. EVELYN R. RAMOS
Chairperson, ECC-BAC

No	Qty	Unit	Item/Description	ABC	Unit Cost	Total Cost
	65	Other	Urinalysis Fecalysis Chest X-Ray Physical Evaluation with Visual Acuity ECG Papsmear Lipid Profile Fasting Blood Sugar	260,000.00		
Total Cost (in words)					Total (in figures)	
Terms of Delivery: **30 days**				Terms of Payment: **Government Terms**		

- We undertake, if our Proposal is accepted, to deliver the goods/services as identified in the Technical Specifications/Terms of Reference and in accordance with the delivery schedule.
- Our quotation includes all taxes, duties and/or levies payable and is valid for a period of THIRTY (30) calendar days upon issuance of this document.
- We understand that you are not bound to accept the lowest or any Proposal you may receive.

Signature Over Printed Name of Authorized Representative		Contact No/Email Add	
Name of Company		Date Signed	
Business Address			
Required Eligibility Documents	PhilGEPS Certificate/Number; Mayor's/DTI Business Permit 2023; Omnibus Sworm Statement; SPA/ Sec. Cert.		