REQUEST FOR PRICE QUOTATION/ PROPOSAL

Project: LEFT AND RIGHT HEARING AID (2 UNITS) FOR PWRD ARVIN A. MEJICA - REU 11	RPQ No.: 25-01-052	
Mode of Procurement: Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Date: January 21, 2025	1
Approved Budget for the Contract: 150,000.00	PR No.: 25-01-057	

Sir/Madam:

The Employee's	Compensation	Commission Invit	es you to si	ıbmit your	LOWEST	PRICE	OFFER	(inclusive	of all	taxes),	on the	project/	items
described below	and subject to t	he Terms of Refer	ence / Speci	ications pr	ovided in t	his RPQ.	. Price Q	uotation m	ay be s	ubmitted	through	the follo	owing
modes:													

For RPQ with ABC of P50,000.00 and below	 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 Online or electronic submission of signed soft copy via email to <u>supply@ecc.gov.ph</u>
For RPQ with ABC above ₱50,000.00	 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 <u>Feb. 28, 2025</u>. Bids / quotes in excess of the ABC shall be automatically rejected. The ECC reserves the right to reject any or all bids/ quotations. 5:00 PM

Very truly yours,

Chairerson, ECC-BAC

No	Qty	Unit	Item/Description	ABC	Unit Cost	Total Cost	
	2	Other	LEFT AND RIGHT HEARING AID (2 UNITS) FOR PWRD ARVIN A. MEJICA - REU 11	150,000.00			
		in billion in a					
	<u> </u>						
		e aller					
Total Cos	st (in words	<u>}</u>			Total (in figures)		
			ipt of PO/NTP	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; Cert;	Mayor's/DTI Business Permit 2	OPLOYEES COMPENSARY	Un State Hent;"	SPA/ Sec.