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| Project: FOR GENERAL PEST CONTROL SERVICE YEAR 2025 - 2026 ECC BUILDING AND TENANTS | RPQ No.: 25-02-082 |
| Mode of Procurement: Negotiated Procurement - Small Value Procurement (Sec. 53.9) | Date: February 03, 2025 |
| Approved Budget for the Contract: 200,000.00 | PR No.: 25-02-092 |

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| For RPQ with ABC of ₱50,000.00 and below | <input type="checkbox"/> | <ol style="list-style-type: none"> 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 | <input checked="" type="checkbox"/> | <ol style="list-style-type: none"> 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 |

| No | Qty | Unit | Item/Description | ABC | Unit Cost | Total Cost |
|-----------------------|-----|------|---|------------|--------------------|------------|
| | 1 | Lot | GENERAL PEST CONTROL SERVICE FOR YEAR 2025 - 2026 (12 MONTHS) ECC BUILDING AND TENANTS TREATMENT METHOD: - THERMAL FOGGING (Includes application of Fire Safety Clearance at BFP) - RESIDUAL/SURFACE SPRAYING - GEL BAITING - MECHANICAL TRAPS - TERMITE TREATMENT | 200,000.00 | | |
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| Total Cost (in words) | | | | | Total (in figures) | |

Total Cost (in words)

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| Total (in figures) | |
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Terms of Delivery: Upon receipt 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

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|------------------|--|
| Contact No/Email | |
| Add | |

Name of Company

| | |
|-------------|--|
| Date Signed | |
|-------------|--|

Business Address

Required Eligibility Documents

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|------------------------------|-----------------------------------|--------------------------|-----------------|
| PhilGEPS Certificate/Number; | Mayor's/DTI Business Permit 2025; | Omnibus Sworm Statement; | SPA/ Sec. Cert; |
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