



REQUEST FOR PRICE QUOTATION/ PROPOSAL

Project: ECC Occupational Health and Wellness Program for April CY 2025	RPQ No.: 25-02-101
Mode of Procurement: Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Date: February 05, 2025
Approved Budget for the Contract: 99,000.00	PR No.: 25-02-111

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 <input type="checkbox"/>	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"/>	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 **Feb. 21, 2025 5:00 p.m.** 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
	66	Other	FLU VACCINE - Influenza Vaccine - Quadrivalent Influenza Vaccine - 0.5 ml dose	99,000.00		
Total Cost (in words)					Total (in figures)	
Terms of Delivery: Upon receipt of PO/NTP				Terms of Payment: Government Terms		
<ul style="list-style-type: none">• 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 2025; Omnibus Sworm Statement; SPA/ Sec. Cert;			

