REQUEST FOR PRICE QUOTATION/ PROPOSAL

Project: TRANSRADIAL PROSTHESIS, LEFT BODY POWERED FOR PWRD LOUIE P. MADRID - CO	RPQ No.: 25-02-119
Mode of Procurement: Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Date: February 10, 2025
Approved Budget for the Contract: 108,896.00	PR No.: 25-02-133

Sir/Madam:

The Employee's	Compensation	Commission	invites you	to submit	your LOV	EST PRI	CE OFFER	(inclusive	of all	taxes),	on the	project/	items
described below	and subject to the	he Terms of R	eference /	Specification	ons provide	d in this R	PQ. Price (Quotation m	ay be s	ubmitted	through	the foll	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 \$\frac{1}{2}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,

ATTY EVELYN R. RAMOS Chairperson, ECC-BAC

No	Qty	Unit	Item/Description	ABC	Unit Cost	Total Cost
	1	Pc/s	TRANSRADIAL PROSTHESIS, LEFT BODY POWERED FOR PWRD LOUIE P. MADRID - CO	108,896.00		
Total Co	st (in words) s)			Total (in figures)	
Terms of Delivery: Upon receipt of PO/NTP Terms of Payment: Government Terms					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. 						
Cianatur	e Over B	Printed Na	me of		Contact	

Signature Over Printed Name of Authorized Representative

Name of Company

Business Address

Required Eligibility Documents

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

ADMIN. DIV. SUPPLY SECTION

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