Republic of the Philippines SENATE REQUEST FOR QUOTATION

		Date		Date :	5/16/2022 4:36:40PM		
				RFQ No. :	RFQ-22-0	5-050	
			Requisitioner :	LCMS			
				Canvasser :	NADIA C. TO	OMAWIS	
Of maniherein NO.	We invise Committee 2-05-39 ttee, Rocurfacture obefore sub	5 must be som 401, 4/ . Kir rorigin in the omission to th, Assigne	registered bidders to submit sealed quotation for the if Senate of the Philippines, GSIS Bldg., Financial Cerubmitted to the Office of the Chairman, Bids and Awards F Senate of the Philippines, GSIS Building, Financial y observe and comply with the stated specifications / ditem, any erasure must be properly initialed by the biddene BAC. Please do not forget to indicate the following refid Canvasser:	Committee, Room 408 of ancial Center, Pasay escriptions / unit of items resumed erences in your enveloper"	or the Secretariat, City, not later stor quotation, and to have reviewed e "PR NO.	Bids and Awards than 5P.M. of d specify country all bids indicated/ RFQ	
	ATTY. MARIA VALENTINA S. CRUZ CHAIRPERSON BIDS AND AWARDS COMMITTEE						
THE CHAIRMAN Bids and Awards Committee c/o Secretariat, Bids and Awards Committee Room 401 4/L, Senate of the Philippines, GSIS Building, Financial Center, Pasay City Fax No. 552-6601 local 1602 or 552-6793							
Sir: As requested in your letter above, we are pleased to quote hereunder our price/s for the following item/s subject to the General Conditions stated at the back:							
ITEM NO.	QTY	UNIT	ITEM/S DESCRIPTION (Kindly indicate BRAND NAME & MODEL of item/s of your offer/bid)	APPROVED BUDGET	UNIT PRICE (Inclusive of all Taxes)	TOTAL	
			PR-22-05-395 (LCMS)				
1	50	вох	ENVELOPE, PAY, kraft, 75gsm, 500 pieces per box	Php 12,500.00			
			Nothing Follows	Php250.00/BOX			
Rema							
TERMS	S OF DEL	-	OTATIONS must be valid for at least thirty [30] to forty	five [45] days from clos	sing date)		
TERM	/S OF PAY	MENT: GO	overnment Terms (NO C.O.D. / NO ADVANCE PAYME				
Address of Supplier				(I	(Name of Company)		
E-Mail Address			PhilGl	EPS Reg. No.	Expiry Date:		
Tel./Fax No./s							
TIN		-	(Signature over Printed Name Authorized Representative)				