BASES CONVERSION and DEVELOPMENT AUTHORITY

2nd Floor Bonifacio Technology Center, Fort Bonifacio Taguig City Tel. Nos. 8575-1784 / 82 fax # 575-17-85 or vmnatividad@bcda.gov.ph

PRICE OUOTATION REQUEST

(comb	any nan	ne):			PR No.	0000865	
		 :			16-N	lov-24	
Plea	ase quot	e your lov	west price(s) using this form, or your letterhead. Also, take note of the follows:	owing details:			
	2) Fax/ 3) Quot	Send to th ation/s su	hall address to the Head of Procurement . Please indicate Solicitation or Renis office not later than 21 November 2024, 5:00 pm to 8575-1785 abmitted later than above date shall not be accepted/considered.				
	4) The		/proposal shall not be considered unless it is properly signed by the authorited supervisor.	zed representativ	e and/or		
			ght to accept or reject any or all of the quotations ot waive formally there				
			ered most advantageous to the govt or to pursue appropriate legal action :	should the winning	g bidder		
	refuse t	to accept	the award without justifiable reason/s.	7/	<u></u>		
	20	- 10	. 1				
hetmidad for Jago					lameiole	1	
VICKY M. NATIVIDAD ALMIRAS					LARIANES		
CANVASSER CHIEF ADMINIST					RATIVE OFFICE	R	
TO:			ROCUREMENT				
			/are the price(s) of the article(s)/service(s) as indicated under Unit Price:				
ITEM	QTY	UNIT	ITEMS	BRAND / ORIGIN	UNIT PRICE	TOTAL AMT.	
010	500	PIECE	DATA FOLDER, CLIPBOARD, TAGLIA LOCK (ASSEMBLED AND READY TO USE) ((ABC Php 49,920.00)				
020	120	ROLL	TAPE, MASKING, 48mm (ABC Php 16,598.40)				
			xxxnothing followsxxxx				
			Approved Budget Contract Php 66,518.40				
1) Valid 2) Nota 3) Phil(4) BIR I 5) Incol NOTE: Unnota the not	d Mayor nrized O SEPS Re Form No me/Busi rized O arized O	s's Permit Imnibus Si gistration 2303 ness Tax Imnibus Si Omnibus Si	worn Statement	ever. the winning	bidder/supplie	r must submit the timely	
			lotorpool, Pamayanang Diego Silang, Brgy. Ususan Road, C5 Road, Taguig C	ito			
		ditions:	and the state of t	<u> </u>			
			of all applicable taxes				
			irty (30) working days				
	Delivery		, 10.17				
	-		one month				
	MARKAI	NTY: (if a	uny)				
			nt we have prepared, checked and reviewed this quotation. I unless revoked in writing which should be prior to our receipt of your Purc	hase Order or Job	Order.		
Printed Name/Signature/DATE Immediate Supervisor Te					felephone / Fax Number		