Republic of the Philippines SENATE

REQUEST FOR QUOTATION

9/16/2019 2:11:46PM RSQ-19-09-185 RSQ No. Requisitioner OSAA-SES

				toquisitioner .	OSAA-	JES	
				Canvasser :	EISEN ROMME	L G. RAZON	
Request Secretariater to quotation presum references	We invards Cost No. Pariat, Bids han 5P.M on, and seed to had seed in y	PR-19-09-64 and Awards of	registered bidders to submit sealed quotation for the C), 4/F Senate of the Philippines, GSIS Bldg., Final 4 must be submitted to the Office of the Chairm Committee, Room 401, 4/F Senate of the Philippines. Kindly observe and comply with the yof manufacture or origin in the item, any erasure all bids indicated herein before submission to the PR NO / RSQ NO	an, Bids and Awards nes, GSIS Building, I stated specifications must be properly ini BAC. Please do no Assigned Canva	City. The quotati s Committee, Ro Financial Center, / descriptions / tialed by the bid t forget to indica	on for Purchas om 408 or th Pasay City, no unit of items fo ider. Bidders ar ate the followin, CLOSING	
DATE	OF POSTII	NG WITH THE	OTATIONS MUST BE VALID FOR AT LEAST THIRTY (PhilGEPS AND SUBJECT TO THE GENERAL CONDITIONS	ATTY. MAR	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				4 18.	Rest.		
Sir: Genera	As req	uested in yo ns stated at th	our letter above, we are pleased to quote hereunder e back:	our price/s for the	following item/s	subject to the	
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-19-09-644 (OSAA-SES)				
1	1	UNIT	RELOADING MACHINE Progressive Reloading Machine Assembly	Php 34,800.00 Php34,800.00/UNIT			
			Nothing Follows				
Rema			RECE SEP 1 BY: PROCUREM	6 2019			
		(QI	UOTATIONS must be valid for at least thirty [30] to forty five	e [45] days from closing	date)		
	OF DELIV		ernment Terms (NO C.O.D. / NO ADVANCE PAYMENT)	_	(Name of Comment)		
Address of Supplier					(Name of Company)		
E-Mail Address			PhilGEPS	S Reg. No.	Expiry	Date:	
Tel./Fax	No./s						

TIN (Signature over Printed Name Authorized Representative)