



## REQUEST FOR QUOTATION

The Philippine Ports Authority, Port Management Office of Bataan/Aurora through its Bids and Awards Committee for the Procurement of Goods and Consultancy Services and for Engineering Projects will undertake an Alternative Method of Procurement through Small Value Procurement in accordance with Section 53.9 of the Revised Implementing Rules and Regulations of R.A 9184.

Name of Project : **General Cleaning and Complete Check-up of All PMO-Bataan/Aurora POB: Baseport Offices and Staffhouses Air-Conditioning Units:**

Approved Budget : **Php100,000.00**  
for the Contract

Deadline for Submission : APR 21 2023

Please quote your best quotation in line with the attached specifications. Suppliers are required to submit their valid and current Mayor's/Business Permit, PhilGEPS Registration Number and BIR Certificate of Registration (Form 2303).

Quotations shall be submitted in person to the BAC Secretariat, through e-mail or courier to the Administrative Division, PPA PMO-Bataan/Aurora Port Operations Building, Lamao Blvd. Brgy. Lamao, Limay, Bataan.

For further information, please refer to:

The BAC Secretariat, PPA, PMO-Bataan/Aurora  
Telephone Nos. (047) 244-6246  
Email add: bacpmobataan@yahoo.com

Very truly yours,

**LOU-ISIDRO L. ANDIT**  
Chairperson, Bids and Awards Committee  
Procurement of Goods and Consultancy Services

Date of Posting: April 17-21, 2023

**PRICE QUOTATION FORM**

Company/Trader's Name: \_\_\_\_\_

Address: \_\_\_\_\_

<u>Item</u>	<u>Quantity</u>	<u>Unit</u>	<u>Description</u>	<u>Unit Price</u>	<u>Total</u>
	1	lot	<b>General Cleaning and Complete Check-up of All PMO-Bataan/Aurora POB: Baseport Offices and Staffhouses Air-Conditioning Units:</b>		
			1. Casette/Ceiling Type (8 units)		
			2. 3 Tonner Stand/Floor Type (14 units)		
			3. Wall Mounted Type (13 units)		
			4. Window Type (22 units)		
			-----nothing follows-----		
<b>Delivery :</b>			Shall be completed within fifteen (15) days from receipt of Purchase Order		

\_\_\_\_\_  
 Signature over Printed Name

\_\_\_\_\_  
 Mobile/Tel. No.

\_\_\_\_\_  
 Date