



# PORO POINT MANAGEMENT CORPORATION

A Member of the Bases Conversion and Development Authority

Gov. Joaquin L. Ortega Avenue, Poro City of San Fernando, La Union

CP# 09773531027 Email address: [ppmcbacsecretariat@gmail.com](mailto:ppmcbacsecretariat@gmail.com)



## REQUEST FOR QUOTATION

Date: \_\_\_\_\_

Business Name  
Business Address

PhilGEPS Reg. No.

TIN

Tel No.

E-mail address

Please quote your lowest price for the **SUPPLY AND DELIVERY OF 4 LAYERS/LATERAL FILING CABINET** using this form or your letterhead following the format below. Please take note of the following details.

1. The Approved Budget for the Contract (ABC) is **SIXTY THOUSAND PESOS only and 00/100 (Php60,000.00)**.
2. Any quotation in excess of the ABC will be automatically rejected. Poro Point Management Corporation is VAT Registered.
3. Quotation must be submitted on or before **December 23, 2024 at 10:00 AM**  
Quotation must be submitted in sealed envelope for manual submission at PPMC Administration Building, Governor Joaquin L. Ortega Avenue, Poro Point Freeport Zone, Poro, City of San Fernando, La Union on or before **December 23, 2024 at 10:00 AM**  
Quotation submitted by email should be sent to the following email address: **[ppmcbacsecretariat@gmail.com](mailto:ppmcbacsecretariat@gmail.com)**
4. Mode of Procurement: NP 53.9 – Small Value Procurement
5. Send the said quotation together with the following documents:
  - a. Mayor's/Business Permit
  - b. PhilGEPS Registration Number
  - c. Omnibus Sworn Statement

**N.B. Procuring Entities already maintaining an updated file of any of the bidder's abovementioned requirements, whether through the PhilGEPS Certificate of Registration and Membership or its own records, may no longer require its re-submission.**

PPMC reserves the right to accept or reject any or all of the quotations or formally waive any defect or minor deviations therein, or to accept quotation/s as may be considered most advantageous to the government or to pursue appropriate legal action should the winning supplier refuse to accept the award without justifiable reason/s.

**MR. DINO D. PAOLO GARCIA**  
Procurement Assistant

**MR. CARLO S. ESCALONA**  
Procurement Officer

**MS. CHARLOTTE C. BANDOLIN**  
Administrative Officer

Per request, below is/ are the price(s) of the article(s)/ service(s) as indicated in the Unit Price:

Quantity	Unit	Specifications	Approved Budget of the Contract	Unit Cost (VAT - Inclusive)	Total Cost (VAT - Inclusive)
4	Unit	<b>4 LAYER/LATERAL FILING CABINET</b> Features: *Anti-Tilt *Central Locking *Punched Holes for Folders *Plastic Divider *Movable Hanger *With Name Holder Color: Beige Dimension: L35.43" x W17.72" x H52.3"	60,000.00		

### TERMS AND CONDITIONS:

Payment Term

**30 DAYS**

Delivery Period

**30 CD upon receipt of P.O.**

Price Validity

**30 Calendar Days**

We hereby certify that we have prepared, checked and reviewed this quotation. This quotation is valid unless revoked in writing which should be made prior to our receipt of your Purchase Order.

Name of Authorized Representative

Signature

Position Title/ Designation