Poro Point Management Corporation

A member of the BCDA Group

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

Tel No. 242 0684 Email address: ppmcbacsecretariat@gmail.com

REQUEST FOR QUOTATION

Date: March 31, 2025

Business Name Business Address						
PhilGEPS Reg. No TIN Tel No.	0.					
220V FOR THE R form or your letterho 1. The Approve (Php78,000.0 2. Any quotatio Corporation i 3. Quotation mu not be accep Quotation mu Building, Go Fernando, La Quotation s ppmcbacsec 4. Mode of Proc 5. Send the said a. Mayo	deepLACEMENT and following the default of the following th	in sealed envelope for L. Ortega Avenue, fore April 3, 2025 at email should be com. 9 – Small Value Proher with the following mit	ke note of the follow Seventy Eight TI omatically rejected 3, 2025 at 10:00 or manual submission Poro Point Freeport 10:00 AM sent to the curement	ving details. nousand Pesos and d. Poro Point Ma AM. Late submis ion at PPMC Adm	d 00/100. nagement sion shall inistration ity of San	
c. Nota befor	rized Omnibus S	Sworn Statement (For	w of the bidder's abov	ementioned requireme	ents, whethe	<u>r</u> =
therein, or to accept action should the win On Seapor MR. DINO D. PAO Procurement Assistar	quotation/s as may l ning supplier refuse t Duty LO GARCIA at	ect any or all of the quotane considered most advante to accept the award with MR. CARLOS, ESP Procurement of ficer the article(s)/ service(s) as	ageous to the governmout justifiable reason/s	CHARLOTTY C. BA	ANDOLIN	
Quantity Unit	are the price(s) of	Specifications	marcated in the silver	Approved Budget of	Unit Cost (VAT -	Total Cost (VAT -
15 PC	LED FLOOD	LIGHT, 150 WAT	ΓS, 220V	78,000.00	Inclusive)	Inclusive)
TERMS AND COI Payment Term Delivery Period Price Validity		30 DAYS or COD 15 CD upon receipt payment 30 Calendar Days	of Purchase Order	or COD upon recei	pt of	

We hereby certify that we have prepared, or revoked in writing which should be made pri	thecked and reviewed tis quotation. This quotation is valid unless or to our receipt of your Purchase Order.
Name of Authorized Representative	
Signature Position Title/ Designation	