



**BUREAU OF COMMUNICATIONS SERVICES**  
310 San Rafael St., San Miguel Malacañang Complex, Manila

**FINANCE AND ADMINISTRATIVE DIVISION**  
**Property & Supply Section**  
TEL. NO. 7342117 / FAX NO. 7342125

**REQUEST FOR QUOTATION**

PR/REFERENCE NO. 2021-11-0526

10-Nov  
DATE

Sir/Madam:

The Bureau of Communications Services would like to request for a quotation for the following item:

| Qty. | Unit  | Particulars/Specification Requirements | Unit Cost | Amount |
|------|-------|--|-----------|--------|
| 10   | pc    | Electrical tape 1"                     |           |        |
| 100  | pc    | Black screw 1"                         |           |        |
| 100  | pc    | Black screw 1 1/2"                     |           |        |
| 100  | pc    | Plastic toks                           |           |        |
| 5    | pc    | 2 gang plate cover                     |           |        |
| 5    | pc    | 3 gang plate cover                     |           |        |
| 3    | pc    | Aircon outlet with plate cover         |           |        |
| 3    | meter | Shrinkable tube 10.0mm                 |           |        |
| 3    | meter | Shrinkable tube 6.0mm                  |           |        |
| 2    | pc    | Emergency lights                       |           |        |
| 10   | pc    | Bulb LED 9 watts                       |           |        |
| 10   | pc    | Bulb LED 18 watts                      |           |        |
| 10   | pcs   | Battery AA                             |           |        |
| 10   | pcs   | Battery AAA                            |           |        |
|      |       |  |           |        |

**LOWESITO JOAQUIN**  
*Property & Supply Section*

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**Property & Supply Section**  
**Bureau of Communications Services**  
PCS Building San Rafael St.,  
San Miguel Malacañang Complex, Manila

The above prices are our quotation for the article/s you wish to purchase.

Item/s are available within \_\_\_\_\_ days from date of quotation

Delivery Lead Time: \_\_\_\_\_

Terms of Payment: \_\_\_\_\_

\_\_\_\_\_  
**Authorized Signature of Representative**

Supplier's Name: \_\_\_\_\_

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

Tel. No. \_\_\_\_\_

Fax No. \_\_\_\_\_

E-mail address: \_\_\_\_\_