

CONSULATE GENERAL OF THE REPUBLIC OF THE PHILIPPINES

菲律宾共和国驻厦门总领事馆

XIAMEN

RFQ-XN-2025-02-0001

REQUEST FOR QUOTATION

Dear Sir/Madam.

The Philippine Consulate General in Xiamen, PROC intends to procure subscription of South China Morning Post (i.e., SCMP Plus) and would like to request for a quotation from your company.

Name of Project

Procurement for Subscription of South China Morning

Post (i.e., SCMP Plus)

Location

Philippine Consulate General Grounds, No. 4 Consulate

Road, Siming District, Xiamen City, PROC

Terms of Reference:

Please see attached

Approved Budget :

Not to exceed US\$ 500.00

Deadline for Submission of Quotation: 5:00pm, 07 February 2025.

Quotations must be delivered to the address mentioned above or e-mailed to xiamenpcg@dfa.gov.ph or xiamenpcg.procurement@yahoo.com on or before the deadline of submission of quotations.

The Consulate General of the Philippines reserves the right to accept or reject any quotation, and to reject all quotations at any time prior to award of contract, without thereby incurring any liability to the affected suppliers.

For further information, please contact:

BIDS AND AWARDS COMMITTEE SECRETARIAT Philippine Consulate General, Xiamen No. 4 Consulate Road, Siming District, Xiamen City, PROC Tel Nos. (+86-592) 5130355 / 5130366 Fax Nos (0086) 592-5530803

Very truly yours,

FAITH P. BAUTISTA BAC Chairperson

03 February 2025

No 4 Consulate Road, Siming District, Xiamen City, P.R.C. 361008 Tel No. +86 (592)-513-0355, 513-0366 Fax: +86 (592)-513-0803 Email: xiamen.pcg@dfa.gov.ph Website: xiamen.pcg.dfa.gov.ph

PRICE QUOTATION FORM

03 February 2025

Philippine Consulate General, Xiamen No. 4 Consulate Road, Siming District, Xiamen city, 361009
Fujian Province, PROC

Sir/Madam:

After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our quotation/s for the item/s as follows:

| CONTRACT PRICE |
|----------------|
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| (Amount in Words) | |
|--|--|
| The above-quoted prices are inclusive of all costs and applicable taxes. | |
| Very truly yours, | |
| Name of Company | |
| Name/Signature of Representative | |
| Contact No. | |