## Republic of the Philippines

## WEST VISAYAS STATE UNIVERSITY Himamaylan Campus

## REQUEST FOR PRICE QUOTATION

Date: December 1, 2021
Quotation No.: 21-12-0044
Based on P.R. No.: 21-11-1785
Enduser: Himamaylan Campus
ABC: 250,000.00

Mode: SVP (Section 53.9)

Please quote your lowest price on the it	tem/s listed below, subject to the General Conditions
on the back page, stating the shortest time of deli	very and submit your quotation duly signed by your
representative not later than	in a sealed envelope.

ALMARO JAVA, M. Ed.
Chairman, Bids & Awards Committee

- NOTE: 1. All entries must be in written in legible ink and if there are erasures the same should bear the initial of the authorized signatory
  - 2. Delivery period within Thirty (30) calendar days
  - 3. Warranty shall be for a period of six (6) months for supplies & materials, one (1) year for equipment, from date of acceptance by the Procuring Entity
  - 4. Price Validity shall be for a period of 30 Calendar Days
  - 5. Phil-GEPS Registration Certificate of Registration Number shall be attached upon submission of the quotation
  - 6. Bidders shall submit original brochures showing certifications of the product being offered
  - 7. Include in your submitted quotation the following documents:
    - a.) Valid Current Mayor's Permit, b.) Omnibus Sworn Statement c.) BIR Registration and
    - d.) Latest ITR For above 500,000.00

Item No.	Articles/Description	Brand	Model	ABC/Unit Price	Unit	Qty.	Unit Price	Total Cost
1	Filing Cabinet 4 Drawers Layers With Lock			10,000.00	unit	7		
2	Clerical Chair			5,000.00	pcs	6		
3	Sofa Set		10	40,000.00	set	1		
4	Senior Executive Chair			20,000.00	unit	2		
5	Conference Table 6 Seater			30,000.00	set	1		
6	5-Layer Metal Office Cabinet			20,000.00	unit	2	1	
	(Please see attached specification)							
	GRAND TOTAL							

	GRAND TOTAL	•
oucher		•
cctg.	Price Validity:	
fter having carefully read and accepted	your General Conditions, I/We quote you on the item at prices noted above.	
	Printed Name/Signature of Supplier	77.00
	Date/Tel. No/Cellphone No. /ADDRESS	
	TIN Number	
	Philgeps Registration Number	