Republic of the Philippines

WEST VISAYAS STATE UNIVERSITY Himamaylan Campus

REQUEST FOR PRICE QUOTATION

							Date:	.1111 2 9 20	22	
								on No.: 22-07-0033		
					Based on P.R. No.: 22-06-1432					
			Enduser: Himamaylan City Campus (Library)							
							ABC:	P 57,500.00	(2.0.2.7)	
								SVP (Section 53.9)	
						-				
	Please quote your lowest price									
	ack page, stating the shortest t						signed	by your		
represer	tative not later than			n a se	ealed envelop	e.		-UNK		
							-	MADITAL VA		
						Chai	rman. Bi	ids & Awards Commit	ttee	
						Cuui	iman, b			
NOTE:	1. All entries must be in writt	en in legibl	e ink and i	f ther	re are erasure	s the sa	me shou	ıld 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.) Omnik	ous S	worn Stateme	ent c.) B	IR Reg	istration and		
	d.) Latest ITR For above	500,000.00								
			,							
Item	Articles/Description	Brand	Model	Į A	ABC/Unit	Unit	Qty.	Unit	Total	
No.				<u> </u>	Price			Price	Cost	
1	Office Desktop Computer			P	45,000.00	unit	1	-		
2	Multi-function Printer			P	12,500.00	unit	1	-		
	Please see attached specification)									
	GRAN	D TOTAL								
Voucher				Price	e Validity:					
Acctg.				Tite	e validity.					
A ftor h	aving carefully read and accep	ated your G	eneral Con	ditio	ns I/We anot	e von o	n the ite	m at prices noted abo	ove	
After in	aving carefully read and acce	ned your G	eneral con	i di i i	ns, i we quot	c you or	a the ite	in at prices noted ab-		
Printed Name/Signature of Supplier										
Triated Manicongulator of Supplier										
Date/Tel. No./Cellphone No. /ADDRESS										
								TIN Number		

Philgeps Registration Number

Canvassed by: