Republic of the Philippines WEST VISAYAS STATE UNIVERSITY La Paz, Iloilo City MAIN CAMPUS

REQUEST FOR PRICE QUOTATION

| Date: | 11/26/20 |
|----------------|--------------------|
| Quotation No.: | 20-11-0144 |
| Based on P.R. | 20-11-1417 |
| Enduser: | DOST-PCARRD-SARAI |
| ABC: | 52,907.00 |
| Mode: | SVP (Section 53.9) |

| | Please quote your lowest price on the item/s listed below, subject to the General Conditions provided | 1 |
|---------|--|-----|
| stating | the shortest time of delivery and submit your quotation duly signed by your representative not later the | han |
| DEC | C 0 1 2020 in a sealed envelope. | |

Chairperson, BAC

NOTE:

- 1. All entries must be written in legible ink and if there are erasures the same should bear the initial of the authorized signatory.
- 2. Delivery period within fifteen (15) 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 or 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 | Various Supplies and Materials for DOST- | | | 52,907.00 | Lot | 1 | | |
| | PCARRD-SARAI | | | | | | | |
| | (Please see attached list) | | | | | | | |

| Voucher | |
|---|---|
| Acctg. | Price Validity: |
| After having carefully read and accepted your Ger | neral Conditions, I/We quote you on the item at prices noted above. |
| | Printed Name/Signature of Supplier |
| | Date/Tel. No./Cellphone No. / ADDRESS |
| | TIN Number |
| | Philgeps Registration Number |
| CANVASSED BY: | |
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