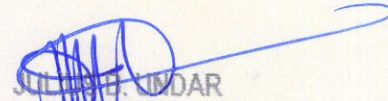


Republic of the Philippines  
**WEST VISAYAS STATE UNIVERSITY**  
 La Paz, Iloilo City  
 MAIN CAMPUS

**REQUEST FOR PRICE QUOTATION**

Date:	12/04/20
Quotation No.:	20-12-0160
Based on P.R.:	20-12-1485
Enduser:	UPHB-DepEd
ABC:	950,000.00
Mode:	GVP (Section 53.0)

Please quote your lowest price on the item/s listed below, subject to the General Conditions provided stating the shortest time of delivery and submit your quotation duly signed by your representative not later than DEC 08 2020 in a sealed envelope.

  
**J. L. ANDAR**  
 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	Bookpaper 70gsm, A4 Size			190.00	reams	5000		
	for DEPED Self Learning Modules							
	PE Grade 7 - Module 6	Health Grade 10 - Module 6						
	PE Grade 10 - Module 6	EPP Agriculture Gr.5 - Module 5						
	PE Grade 11 - Module 6	EPP ICT Entre Gr.5 - Module 5						
	PE Grade 12 - Module 6	EPP Indus. Arts Gr. 5 - Module						
	PE Grade 13 - Module 6	EAPP Gr. 11 - Module 5						
	Health Grade 9 - Module 6							

Voucher  
 Acctg.

Price Validity: \_\_\_\_\_

After having carefully read and accepted your General 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: \_\_\_\_\_