


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

**REQUEST FOR PRICE QUOTATION**

Date:	04/26/21
Quotation No.:	21-04-0037
Based on P.R.:	21-03-0657
Enduser:	CON-RLE
ABC:	187,062.00
Mode:	SVP (Section 53.9)

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 MAY 03 2021 in a sealed envelope.

  
**JULIUS B. UNДАР**  
 Chairperson, BAC

**NOTE:**

- All entries must be written in legible ink and if there are erasures the same should bear the initial of the authorized signatory.
- Delivery period within fifteen (15) calendar days
- 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
- Price Validity shall be for a period of 30 Calendar Days
- Phil-GEPS Registration Certificate or Registration Number shall be attached upon submission of the quotation**
- Bidders shall submit original brochures showing certifications of the product being offered
- 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
<b>Supplies for Gradual Resumption of Face-to-Face Classes</b>								
1	Face masks, Disposable, 50's 3-ply, water-proof, blue color (outside) absorbent (inside), Compliant to FDA Standards			300.00	boxes	500		
2	Surgical Gloves, 50's			400.00	boxes	62		
3	Rubbing Alcohol 70%, isopropyl/ethyl			457.00	gallons	16		
4	Liquid Hand Soap, 500ml, anti-bacterial with dispenser			150.00	sets	33		

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

CANVASSED BY: \_\_\_\_\_

\_\_\_\_\_  
 Philgeps Registration Number