



Kaagapay ng Komunidad sa Maginhawang Pamumuhay



Standard Form Number: SF-GOOD-60
Revised on: January 08, 2018
Standard Form Title: Request For Quotation

Company Name: _____ Date: _____
Address: _____ Quotation No.: 2023100400786
PhiIGEPS Reg. No. _____

Please quote you lowest price on the item/s listed below, subject to the General Conditions, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than October 09, 2023.

MARIAN L. BADAR
SUPPLY OFFICER II
PROCUREMENTUNITSHFC@GMAIL.COM
Tel/Fax No.: (02) 8817-3168

General Conditions:

- 1. All entries must be typewritten/accurate/readable.
2. Delivery period must be within seven (7) calendar days only.
3. Warranty shall be for a period of six (6) months for supplies and materials, one (1) year for equipment, from the date of acceptance by the Procuring Entity.
4. Price validity must be within thirty (30) calendar days.
5. Bidders must submit Certificate of PhilGEPS registration, updated Business Permit/Mayor's Permit, Notarized Omnibus Sworn Statement (for ABC's above 50k), and Income or Business Tax Return for ABC's above 500k.
6. Bidders shall submit original brochures showing specifications of product being offered.
7. All bid proposals must be VAT inclusive.
(FAILURE TO DO SO WILL MEAN DISQUALIFICATION OF YOUR BID PROPOSAL.)

Table with 5 columns: Item No., Item and Description, QTY, Approved Budget (In Php), and BID Price. Row 1: A-001-127, Online Pre-Employment Testing-Provider for Online Pre-Employment Testing (Rank-and-file, Supervisory, Managerial) of all SHFC Applicants (must have available facilities for Regional test-takers), 1, 100,000.00. Row 2: Place of Delivery: MAKATI CITY, Delivery Term: FOB Destination, Term of Payment: 15 working days upon receipt of billing, 100,000.00.

Brand and Model: _____
Delivery Period: _____
Warranty: _____
Price Validity: _____
Payee's Name & TIN: _____

After having carefully read and accepted your General Conditions, I/We quote you on the item at prices noted above.

Printed Name / Signature

Tel. No. / Cellphone No

E-mail Address

Date