



Standard Form Number: SF-GOOD-60
Revised on: May 24, 2004
Standard Form Title: Request for Quotation

Date:
Quotation No.

Company Name:
Address:
TIN No:
PhilGEPS Registration Number

Please quote your 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 March 03, 2023.

Marian Badar
MARIAN BADAR
Procurement Officer II
Tel/fax. No. 817-3168/7506337/84 loc. 433
procurementunitshfc@gmail.com

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), Phil. FDA Product Registration/Notification Certificate or Medical Device Registration/Notification issued by PFDA, License to Operate (LTO) as Medical Device Importer/Wholesaler and Income or Business Tax Return for ABC's above 500k.
6. Bidders shall submit original brochures showing specifications of product being offered.

(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), BID PRICE. Row 1: 1, Online Job Advertisement Posting, 1 Lot, 250,000.00, 250,000.00

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

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