



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.: 2.02301E+12

PhilGEPS Reg. No. \_\_\_\_\_

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 \_\_\_\_\_, 2023.

JUSANNE V. SALVADOR  
SUPPLY OFFICER II  
JUSANSALVADOR@YAHOO.COM  
Tel/Fax No.: (02) 8817-3168

SHFL  
APPROVED FOR POSTING  
yjb

**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)

Item No.	Item and Description	QTY	Approved Budget (In Php)	BID Price
A-001-051	Epson toner ink (664)-EPSON INK 008 - BLACK	15	16,800.00	
A-001-051	Epson toner ink (664)-EPSON INK 008 - YELLOW	15	13,500.00	
A-001-051	Epson toner ink (664)-EPSON INK 008 - CYAN	15	13,500.00	
A-001-051	Epson toner ink (664)-EPSON INK 008 - MAGENTA	15	13,500.00	
A-001-051	Epson toner ink (664)-EPSON INK 003 - BLACK	10	3,500.00	
A-001-051	Epson toner ink (664)-EPSON INK 003 - YELLOW	10	3,200.00	
A-001-051	Epson toner ink (664)-EPSON INK 003 - CYAN	10	3,200.00	
A-001-051	Epson toner ink (664)-EPSON INK 003 - MAGENTA	10	3,200.00	
	<b>Place of Delivery:</b> SHFC ILIGAN REGIONAL OFFICE <b>Delivery Term:</b> FOB Destination <b>Term of Payment:</b> Check on Delivery		<b>70,400.00</b>	

**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