




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

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 PhilGEPS Reg. No. \_\_\_\_\_

Date: \_\_\_\_\_  
 Quotation No.: 2024041600086

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 \_\_\_\_\_, 2024.

  
 JUSANNE V. SALVADOR  
 SUPPLY OFFICER II  
 JUSANSALVADOR@YAHOO.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.)**

Item No.	Item and Description	QTY	Approved Budget (In Php)	BID Price
A-000-053	Documentary Storage Box-Box: 400 x 275 x 285 mm; Cover: 410 x 55 x 295 mm	200	80,000.00	
	<b>Place of Delivery:</b> 8737 BDO PLAZA PASEO DE ROXAS MAKATI CITY <b>Delivery Term:</b> FOB Destination <b>Term of Payment:</b> 15 working days upon complete delivery		80,000.00	

**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