

Kaagapay ng Komunidad sa Maginhawang Pamumuhay

Standard Form Number: SF-GOOD-60 Revised on: January 08, 2018

Standard Form Title: Request For Quotation

Standard Form Title: 1	Request For Quotation		
Company Name:		Date:	
Address:		Quotation No.:	2024071000165
PhiIGEPS Reg. No			
	uote you lowest price on the item/s listed below, subject to duly signed by your representative not later than		ing the shortest time of delivery and
		MARY GRACE	D. MANGAO
		DATA ENCODE	CR .
General Conditions:		Tel/Fax No.: (02)	8817-3168
2. Delivery period 3. Warranty shall by the Procuring 4. Price validity n 5. Bidders must s	of the typewritten/accurate/readable. If must be within seven (7) calendar days only. If be for a period of six (6) months for supplies and mater Entity. Inust be within thirty (30) calendar days. Inust be within thirty of PhilGEPS registration, updated B BC's above 50k), and Income or Business Tax Return for	usiness Permit?Mayor's Per	•

- 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-001-420	Corporate Vehicle Maintenance-and Repair (MT GEAR OIL; CLUTCHDISC; COVER ASSY CLUTCH; BRG c/ RELEASE; PULL DOWN TRANSMISSION; FABRICATE CLUTCH PEDAL BUSHING; REMOVE/REINSTALL PEDAL CLUTCH ASSY; MISC CHARGE/SHOP MATERIALS	1	62,335.80	
	Place of Delivery: SHFC CEBU OFFICE Delivery Term: FOB Destination Term of Payment: Check on Delivery		62,335.80	
	Brand and Model: Delivery Period: Warranty:			
	PriceValidity: Payee's Name & TIN:			
Aft	er having carefully read and accepted your General Conditions, I/We	quote you on	the item at prices noted ab	oove.
Printed Name / Signature Tel. N		No. / Cellphone No		
E-n	nail Address Date			

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