



Standard Form Number: SF-GOOD-60

Revised on: January 08, 2018

Standard Form Title: **Request For Quotation**

Company Name: _____

Date: _____

Address: _____

Quotation No.: 2024121800317

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 _____, 2024.

MARY GRACE D. MANGAO
DATA ENCODER

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-000-985	Safety Vault-Safety Vault Color Finish: Light Gray Construction: Steel Overall WxDxH: 20-1/2 x 22 x 34 1/2 Lock Type: Combination Lock & Tubular Keyed Lock Cap. Cu. Ft.: 3 Proven UL classified 1-hour fire protection	1	100,000.00	
A-001-183	CASH BOX-Portable and Lock Metal	1	2,000.00	
	Place of Delivery: 8737 BDO PLAZA PASEO DE ROXAS MAKATI CITY Delivery Term: FOB Destination Term of Payment: 15 working days upon complete delivery		102,000.00	

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