



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

Company Name: _____ Date: _____
 Address: _____ Quotation No.: 2025042100113
 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 _____, 2025.

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. According to BIR Revenue Regulation No. 017-2024, the final settlement requires the presentation of an updated BIR tax clearance. Non-submission of a tax clearance entitles SHFC to suspend payment for any goods or services delivered.

(FAILURE TO DO SO WILL MEAN DISQUALIFICATION OF YOUR BID PROPOSAL.)

| Item No. | Item and Description | QTY | Approved Budget (In Php) | BID Price |
|-----------|--|-----|--------------------------|-----------|
| A-000-694 | Repair - Motor Vehicle-Replacement of: Clutch disc Pressure plate Release bearing Pilot bearing Flywheel assembly dual mass Transmission oil Engine Oil Oil Filter Including all labor Hiace SND7530 | 1 | 94,000.00 | |
| | Place of Delivery: 8737 BDO PLAZA PASEO DE ROXAS MAKATI CITY Delivery Term: FOB Destination Term of Payment: 15 working days upon complete delivery | | 94,000.00 | |

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