

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

C	Data	
Company Name:	Date:	
Address:	Quotation No.:	2025042400121
PhilGEPS 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 Regulatios 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-000-543	Office Improvement-1 lot of supply and installation of wall panel, wallcovering & dual shades at 15th floor:	1	350,000.00	
	Wall Panel: Office of the President - 14 sqm.			
	Wallcovering: Office of the President - 100 sqm.			
	Dual Shades: OSVP-SC - 336 sqm. OP Boardroom - 214 sqm.			
	For accurate actual measurement, kindly set a schedule for an ocular inspection.			
	Place of Delivery: 15TH FLOOR 8737 BDO PLAZA PASEO DE ROXAS MAKATI CITY		350,000.00	
	Delivery Term:FOB DestinationTerm of Payment:15 working days upon complete delivery			

Brand and Model:

**Delivery Period:** 

Warranty:

**PriceValidity:** 

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

1/1