

## Kaagapay ng Komunidad sa Maginhawang Pamumuhay



Tel/Fax No.: (02) 8817-3168

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

Standard Form Title: Request For Quotation

Company Name:	Date:	
Address:	Quotation No.:	2023101800818
PhiIGEPS Reg. No.		
Please quote you lowest price on submit your quotation duly signed by your repre	the item/s listed below, subject to the General Conditions, sta sentative not later than, 2023.	ting the shortest time of delivery and
	MARY GRACE	D. MANGAO
	DATA ENCODI	ER

## **General Conditions:**

- ${\bf 1. \ All \ entries \ must \ be \ typewritten/accurate/readable.}$
- 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.

E-mail Address

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

Item No.	Item and Description	QTY	Approved Budget (In Php)	BID Price
A-000-567	Clerical Chair	4	20,000.00	
A-000-577	STEEL FILING CABINET -Horizontal (4 drawers)	2	24,000.00	
A-000-579	WHITEBOARD-Aluminum Stand & Roller Whiteboard 500 x 375	1	7,500.00	
A-001-514	Alcohol Dispenser Automatic-To prevent the spread of COVID-19.	1	6,000.00	
	Place of Delivery: SHFC BULACAN OFFICE		57,500.00	
	Delivery Term: FOB Destination Term of Payment: Check on Delivery		37,300.00	
	Brand and Model:			
	Delivery Period: Warranty:			
	PriceValidity:			
	Payee's Name & TIN:			
Afte	er having carefully read and accepted your General Conditions, I/We o	quote you on	the item at prices noted al	bove.
Prin	ted Name / Signature Tel. N	No. / Cellphor	ne No	

Date