

Kaagapay ng Komunidad sa Maginhawang Pamumuhay

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

Standard Form Title: Request For Quotation

| Company Name: | Date: |
|--|--|
| Address: | Quotation No.: 2023122000875 |
| PhiIGEPS Reg. No. | |
| Please quote you lowest price on the item submit your quotation duly signed by your representative | s listed below, subject to the General Conditions, stating the shortest time of delivery and the not later than, 2023. |
| | MARY GRACE D. MANGAO |
| | DATA ENCODER |
| General Conditions: | Tel/Fax No.: (02) 8817-3168 |
| 1. All entries must be typewritten/accurate/readal | ble. |

- 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-002-001 | Internet Connection Services-FOR INTERNET CONNECTION (1 YEAR) Enterprise Broardband Static 200 MBPS TelSet and modem | | 65,000.00 | |
| | Place of Delivery: SHFC DAVAO OFFICE Delivery Term: FOB Destination Term of Payment: Check on Delivery | | 65,000.00 | |
| | 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 a | bove. |
| | | | | |
| | | | | |
| Printed Name / Signature Tel. N | | No. / Cellphor | ne No | |
| | nail Address Date | | | |

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