



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

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Quotation No.: 2024042300099  
 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-001-916	Internet Subscription Renewal/Upgrade-INTERNET SUBSCRIPTION FOR SHFC QUEZON CITY FOR 1 YEAR (2024)	1	178,080.00	
	<b>Place of Delivery:</b> DHSUD BLDG., GROUND FLOOR, KALAYAAN AVE. CORNER MAYAMAN ST., DILIMAN, QUEZON CITY <b>Delivery Term:</b> FOB Destination <b>Term of Payment:</b> 15 working days upon receipt of billing		<b>178,080.00</b>	

**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