



Kaagapay ng Komunidad sa Maginhawang Pamumuhay



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

Date: _____
 Quotation No. _____

SHFC

APPROVED
 FOR
 POSTING

Company Name: _____
 Address: _____
 TIN Num: _____

Please quote your 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 _____, 2022.

JUSANNE V. SALVADOR
 Procurement Officer II
 Tel/fax. No. 8817-3168
 jusansalvador@yahoo.com

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 & Business Permit or Mayors Permit**
6. Bidders shall submit original brochures showing specifications of product being offered.

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

Item No.	Item and Description	Qty	Approved Budget Total Cost	BID PRICE
1	HP Toner 508A, Black, genuine	2	20,702.00	
2	HP Toner 508A, Cyan, genuine	2	20,702.00	
3	HP Toner 508A, Magenta, genuine	2	20,702.00	
4	HP Toner 508A, Yellow, genuine	2	20,702.00	
5	HP Toner 508A, Black, genuine	6	60,000.00	
6	HP Toner 508A, Cyan, genuine	6	60,000.00	
7	HP Toner 508A, Magenta, genuine	6	60,000.00	
8	HP Toner 508A, Yellow, genuine	6	60,000.00	
9	Canon PG35, Black	6	4,800.00	
10	Canon CLI36, colored	4	4,800.00	
	Place of Delivery : MAKATI CITY Delivery Term : FOB Destination		332,408.00	

Brand and Model : _____
 Delivery Period : _____
 Warranty : _____
 Price Validity : _____
 Payee's Name : _____

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 _____