



Standard Form Number: SF-GOOD-60
Revised on: May 24, 2004
Standard Form Title: Request for Quotation

Date:
Quotation No.



Company Name:
Address:
TIN No:

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 March 21, 2021

MARIAN BADAR
Procurement Officer II
Tel/fax. No. 817-3168/7506337/84 loc. 433
procurementunitshfc@gmail.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 G-EPS registration.
6. Bidders shall submit original brochures showing specifications of product being offered.
(Failure to do so will mean disqualification of your bid proposal.)

Table with 5 columns: Item No., Item and Description, Qty, Approved Budget (in Php), TOTAL BID PRICE. Contains 2 main items: Surgical Face Mask and Surgical Glove.

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