



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 September 05, 2022

Marian Badar
MARIAN BADAR
Supply 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 PhilGEPS registration, Business Permit/Mayor's Permit, 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.
(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 PRICE. Row 1: 1, Printing Services of Community Mortgage Receipt, 2000 pads, 183.68/pad, 367,360.00. Includes specs: Size: 9" x 5 1/2", No. of pages: 5 pages/sheets per set (1 side printing), Binding: Padded 50sets/pad, Carbonless. Total price: 367,360.00.

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

SOCIAL HOUSING FINANCE CORPORATION

Kaagapay ng Komunidad sa Maginhawang Pamumuhay

Community Mortgage Receipt

Series Covered	QTY : 2,000
Beginning	1175001
Ending	1275000

Size	9 x 5 1/2
No. of pp	1 side printing
Binding	Padded 50 sets/ pad
5 sheets	1) original/ white - Payor's copy 2) pink - Bank's copy 3) green - Treasury copy 4) blue - AMD copy 5) yellow - Accounting copy

Prepared by:



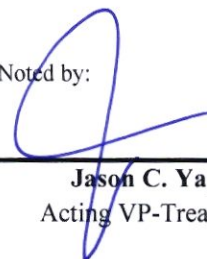
Ronald C. Zabal
Admin Assistant I

Checked and Reviewed By:



Joselito L. Cabe
OIC- Manager, CMD

Noted by:



Jason C. Yap
Acting VP-Treasury



Kaagapay ng Komunidad sa Maginhawang Pamumuhay




CREATIVE STUDY PRESENTATION

Project Name: Community Mortgage Receipt

		SOCIAL HOUSING FINANCE CORPORATION 800 Plaza 8737 Paseo de Roxas, Makati City - Tel. No: 8817-2794 - Fax No: 8893-7143 Non VAT Reg. TIN 241-628-228-000		COMMUNITY MORTGAGE RECEIPT	
				No. A-	
				Date :	
MB/ CA NAME :		Payment Made In : (All Checks and Postal Money Order must be made payable to SHFC.)			
TIN :		CASH P			
PROJECT NAME / ADDRESS :		CHECK/PMO			
ACCOUNT/ CODE NUMBER :					
COLLECTING BANK/ UNIT :		(in Figures) P			
TOTAL AMOUNT PAID (in words)					
IN PAYMENT OF :		<input type="checkbox"/> MONTHLY AMORTIZATION <input type="checkbox"/> OTHERS			
		<input type="checkbox"/> REMARKS _____			
IMPORTANT					
1. THIS SERVES AS YOUR SHFC OFFICIAL RECEIPT WHEN RECEIVED PAYMENT INDICATED ABOVE VALIDATED.					
2. NOT VALID UNLESS SIGNED BY THE TELLER.					
No. A-		TELLER'S SIGNATURE OVER PRINTED NAME			
<small>THIS RECEIPT SHALL BE VALID FOR FIVE (5) YEARS FROM THE DATE OF AFP THIS DOCUMENT IS NOT VALID FOR CLAIMING INPUT TAXES</small>					

ACCOUNTING COPY

CMR AMD Copy:

		SOCIAL HOUSING FINANCE CORPORATION 800 Plaza 8737 Paseo de Roxas, Makati City - Tel. No: 8817-2794 - Fax No: 8893-7143 Non VAT Reg. TIN 241-628-228-000		COMMUNITY MORTGAGE RECEIPT	
				No. A-	
				Date :	
MB/ CA NAME :		Payment Made In : (All Checks and Postal Money Order must be made payable to SHFC.)			
TIN :		CASH P			
PROJECT NAME / ADDRESS :		CHECK/PMO			
ACCOUNT/ CODE NUMBER :					
COLLECTING BANK/ UNIT :		(in Figures) P			
TOTAL AMOUNT PAID (in words)					
IN PAYMENT OF :		<input type="checkbox"/> MONTHLY AMORTIZATION <input type="checkbox"/> OTHERS			
		<input type="checkbox"/> REMARKS _____			
IMPORTANT					
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AMD COPY

SCD.F015


V1 - 05/19/2021




Kaagapay ng Komunidad sa Maginhawang Pamumuhay



CMR Bank Copy:

 SOCIAL HOUSING FINANCE CORPORATION <small>800 Plaza 8737 Paseo de Roxas, Makati City - Tel. No. 8817-2794 - Fax No. 8893-7143 Non VAT Reg. TIN 241-828-229-000</small>		COMMUNITY MORTGAGE RECEIPT	
		No. A-	
		Date :	
MB/ CA NAME :		Payment Made in : (All Checks and Postal Money Order must be made payable to SHFC)	
TIN :		CASH P	
PROJECT NAME / ADDRESS :		CHECK/PMO	
ACCOUNT/ CODE NUMBER :			
COLLECTING BANK/ UNIT :		(in Figures)	
		P	
TOTAL AMOUNT PAID (in words)			
IN PAYMENT OF :			
<input type="checkbox"/> MONTHLY AMORTIZATION <input type="checkbox"/> OTHERS			
<input type="checkbox"/> REMARKS _____			
IMPORTANT 1. THIS SERVES AS YOUR SHFC OFFICIAL RECEIPT WHEN RECEIVED PAYMENT INDICATED ABOVE VALIDATED 2. NOT VALID UNLESS SIGNED BY THE TELLER.			
No. A-		TELLER'S SIGNATURE OVER PRINTED NAME	
THIS RECEIPT SHALL BE VALID FOR ONE (1) YEAR FROM THE DATE OF ISSUANCE THIS DOCUMENT IS NOT VALID FOR CLAIMING BNPOT TRACES			
			BANK COPY

CMR Borrowers Copy:


 SOCIAL HOUSING FINANCE CORPORATION <small>800 Plaza 8737 Paseo de Roxas, Makati City - Tel. No. 8817-2794 - Fax No. 8893-7143 Non VAT Reg. TIN 241-828-229-000</small>		COMMUNITY MORTGAGE RECEIPT	
		No. A-	
		Date :	
MB/ CA NAME :		Payment Made in : (All Checks and Postal Money Order must be made payable to SHFC)	
TIN :		CASH P	
PROJECT NAME / ADDRESS :		CHECK/PMO	
ACCOUNT/ CODE NUMBER :			
COLLECTING BANK/ UNIT :		(in Figures)	
		P	
TOTAL AMOUNT PAID (in words)			
IN PAYMENT OF :			
<input type="checkbox"/> MONTHLY AMORTIZATION <input type="checkbox"/> OTHERS			
<input type="checkbox"/> REMARKS _____			
IMPORTANT 1. THIS SERVES AS YOUR SHFC OFFICIAL RECEIPT WHEN RECEIVED PAYMENT INDICATED ABOVE VALIDATED 2. NOT VALID UNLESS SIGNED BY THE TELLER.			
No. A-		TELLER'S SIGNATURE OVER PRINTED NAME	
THIS RECEIPT SHALL BE VALID FOR ONE (1) YEAR FROM THE DATE OF ISSUANCE THIS DOCUMENT IS NOT VALID FOR CLAIMING BNPOT TRACES			
			BORROWER'S COPY



Kaagapay ng Komunidad sa Maginhawang Pamumuhay



CMR Treasury Copy:

		SOCIAL HOUSING FINANCE CORPORATION 800 Plaza 8737 Pasay de Roxas, Makati City - Tel. No. 881 7 2794 - Fax No. 8891 7141 Non VAT Reg. TIN 241-628-229-008		COMMUNITY MORTGAGE RECEIPT	
MS/ CA NAME :		Payment Made In: (All Checks and Postal Money Order must be made payable to SHFC)		No. A-	
TIN :		CASH P		Date :	
PROJECT NAME / ADDRESS :		CHECK/PMO			
ACCOUNT/ CODE NUMBER :					
COLLECTING BANK/ UNIT :				in Figures P	
TOTAL AMOUNT PAID (in words)					
IN PAYMENT OF :		<input type="checkbox"/> MONTHLY AMORTIZATION <input type="checkbox"/> OTHERS			
		<input type="checkbox"/> REMARKS _____			
IMPORTANT					
1. THIS SERVES AS YOUR SHFC OFFICIAL RECEIPT WHEN VALIDATED.			RECEIVED PAYMENT INDICATED ABOVE		
2. NOT VALID UNLESS SIGNED BY THE TELLER.					
No. A-		TELLER'S SIGNATURE OVER PRINTED NAME			
<small>THIS RECEIPT SHALL BE VALID FOR 90 (90) DAYS FROM THE DATE OF ATP. THIS DOCUMENT IS NOT VALID FOR CASHING ANY OTHER BANK.</small>					
TREASURY COPY					

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