




Mandatory to fill in	
COMPANY NAME:	Quotation No. 23-04-138
CONTACT No.	Purchase Request No. F-2023-04-0093
Address:	Purpose: Medical equipment for clinic use including calibration and preventive maintenance
TIN No.	ABC: 16,000.00
PhilGEPS Registration No.	Please indicate days of delivery: _____ Calendar Days
EMAIL ADDRESS:	upon receipt of Purchase Order

1. Please **quote your lowest price** on the item/s listed below **comprising the necessary taxes**.
2. It is mandatory to **indicate the brand and/or model** of the items being offered and to **attach a brochure** thereof whenever applicable
3. Indicate the **warranty period** in cases of equipment or whenever applicable.
4. Forthwith submit the accomplished quotation **duly signed by your representative**.
5. Suppliers are required and mandated to attach and submit the following documentary requirements:
a) Valid Mayor's/ Business Permit; b) BIR Certificate of Registration; c) Authority to Print Receipt; and d) PhilGEPS Membership Certificate
6. All items must conform with the **internationally accepted standard** and **sub-standard items shall not be accepted**.

[illegible]

By the authority of the University President.


DR. DOLLY P. MAROMA
BAC Chairman

Canvassed by: _____

Name and Signature