


****Mandatory to fill in****

COMPANY NAME:	Quotation No. 23-04-142
CONTACT No.	Purchase Request No. G-2023-04-0225
Address:	Purpose: For University use
TIN No.	ABC: 572,940.00
PhilGEPS Registration No.	Please indicate days of delivery: _____ Calendar Days upon receipt of Purchase Order
EMAIL ADDRESS:	

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; d) PhilGEPS Membership Certificate;
e) Omnibus Sworn Statement and f) Income / Business Tax Return
6. All items must conform with the **internationally accepted standard** and **sub-standard items shall not be accepted**.

[illegible]

<p>Accomplished by: _____</p> <p>_____ Supplier's Representative (Print name and Signature)</p> <p>Date Accomplished : _____</p>	<p>By the authority of the University President.</p> <p style="text-align: center;"> _____ DR. DOLLY P. MAROMA BAC Chairman</p> <p>Canvassed by: _____</p> <p style="text-align: center;">_____ Name and Signature</p>
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