Republic of the Philippines
BULACAN STATE UNIVERSITY
City of Malolos, Bulacan

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

Date: 8/31/2018

Quotation No. 18-411-08
Purchase Request No. G08-644-18
Purpose: For Records Office use
ABC 63,000
PHILGEPS Ref. No. _____

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, ***stating the shortest time of delivery and submit your quotation duly signed by your representative not later than 3 days upon receipt of this quotation.***

Please indicate the brand & model on the column provided. Brochure/literature is a requirement.Specify also the warranty period(for equipment).Pls.attached certification of distributorship/dealership from the manufacturer(for equipment)

ISABELITA C. BENEDICTOS
Chairman, BAC (Goods)

ITEM NO.	ITEM & DESCRIPTION	BRAND & MODEL	QTY./UNIT	UNIT PRICE	TOTAL PRICE
1	Folder, hardbound expanded		525 / pcs		
	*legal size				
	*color green				
	*see sample presented				
	Note: Delivery Place at BSU Supply Office				
	Please contact/ advise Ms. Matilde Paulino at (044) 919-7800 local 1056 two (2)				
	days before the delivery period.				

i. a.) Brochures with Specifications of the product
b.) Please Attach Philgephs Registration

ii. Warranty
a.) Supplies & Materials = 3 months
b.) Equipment = 1 year
c.) outright replacement if found defective

III. Delivery period from receipt of Purchase Order 7 days
*Subject to gov't creditable/ with holding tax
*All items must conform with PNS/Global Mark/ ICC standard
*Sub standard items shall not be accepted

c.) Please Attach the ff:
***DTI / SEC Registration**
*** BIR (Certificate of Registration; Authority to Print**
*** Mayor's / Business Permit**
*** PhilGEPS Registration**

After having carefully read and accepted your General Conditions, I/We quote you on the item at prices noted above.

VAT Registered : _____
NON-VAT Registered : _____

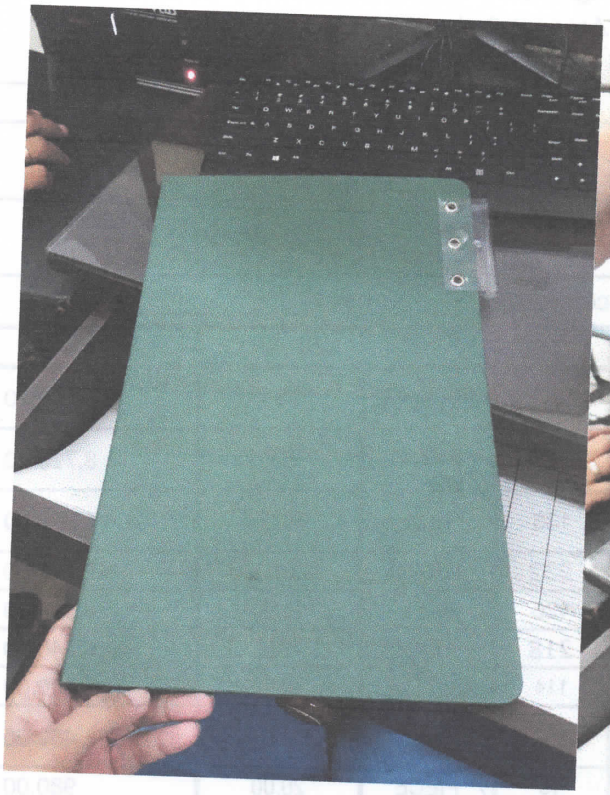
Accepts check on gov't terms : _____

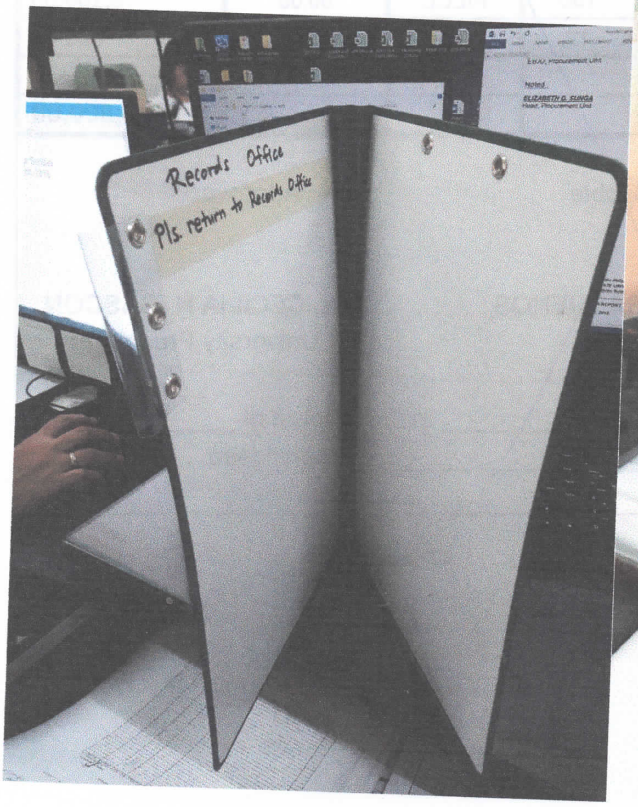
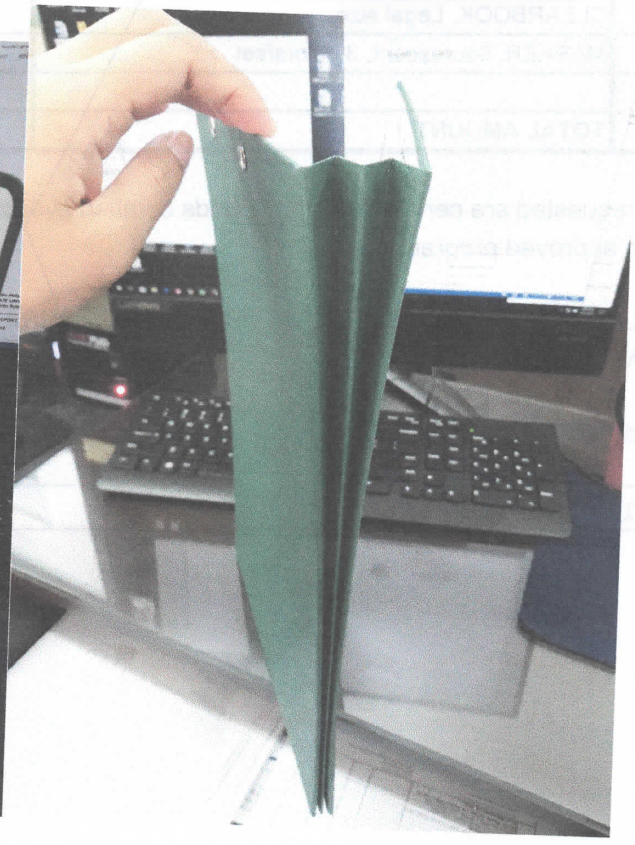
Company Name : _____
Address _____
Tel. No. / Cellphone No. : _____
Email Address: _____

Printed Name / Signature : _____
Date : _____

Canvass By: _____

BulSU-OP-PU-03F3
Revision: 0




Records Office
Pls. return to Records Office