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. 18-412-07

Purchase Request No. G08-639-18

Purpose: Repair and Maintenance

ABC 450,000.00

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	**Oil Coolant**		2 / drum		
	*Oil Based				
	*Straight Cutting Oil				
	*Compatible with Ferrous and Non-Soluble in water				
	*Clear Appearance				
	*26.0 viscosity				
	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: _____