

Republic of the Philippines BULACAN STATE UNIVERSITY

City of Malolos, Bulacan

Standard Form Number: SF-GOOD-60

Revised on: May 24, 2004

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Revision: 0

Standard Form Title: Request for Price Quotation

Date: 10/4/2018

Quotation No. <u>18-517-10</u>

Purchase Request No. F-09-447-18

Purpose: For Dental Health Hygiene Program.

ABC 200,000.00

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)

DR. ROMEO IMASORIA

EM NO.	ITEM & DESCRIPTION	BRAND & MODEL	QTY./UNIT	UNIT PRICE	TOTAL PRICE
1	Slim soft toothbrush/75 ml Sugar Acid		2000/Unit		
	Neutralizer Toothpaste				
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			1		
	The state of the s				
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	Place of Delivery : Bulacan State University, Supply Office		1		
	City of Malolos, Bulacan.				
	Contact Person: Matilde Paulino (Unit Head)				
	Contact No.: (044) -919-7800 ; local (1056) (1055)				
	NOTE: Please Advise The Supply Office Two (2)				
	Days Before the Delivery.				
	a.) Brochures with Specifications of the product	c.) Please Attach the ff:			
	b.) Please Attach Philgephs Registration	*DTI / SEC Registration			
II.	Warranty	* BIR (Certificate of Regis	tration; Authorit	y to Print	
	a.) Supplies & Materials = 3 months	* Mayor's / Business Permit			
	b.) Equipment = 1 year	* PhilGEPS Registration			
	c.) outright replacement if found defective				
Ш.	Delivery period from receipt of Purchase Order 7 days				
116.	*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				
	After having carefully read and accepted your General Conditions, I/We quote yo	u on the item at prices noted ab	ove.		

VAT Registered :	Accepts check on gov't terms :
NON-VAT Registered :	
Company Name :	Printed Name / Signature :
Address :	Date :
Tel. No. / Cellphone No. :	
Email Address:	Canvass By:
RUKULAD-DULARER	