



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

COMPANY NAME:	Quotation No. 20-235-10
ADDRESS:	Purchase Request No. F-2020-10-0143
CONTACT No.	Purpose: Medical Supply for COVID-19 preventive measures
TIN No.	ABC: 110,000.00
PhilGEPS Registration No.	Delivery Period: 7 Calendar Days upon receipt of Purchase Order
EMAIL ADDRESS:	

INSTRUCTIONS TO SUPPLIERS:

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) DTI/SEC Registration;
e) PhilGEPS Membership Certificate; and f) PCAB License in cases of Infrastructure projects.**
6. All items must conform with the internationally accepted standard and sub-standard items shall not be accepted.

[illegible]

Accomplished by:

By the authority of the University President.

Assoc. Prof. JOSEPH ROY F. CELESTINO
BAC Chairman

Date Accomplished : _____

Canvassed by:

Name and Signature

BuISU-OP-PU-03F3
Revision: 1