



**REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES**

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

|                                  |  |
|----------------------------------|--|
| <b>COMPANY NAME:</b>             | Quotation No. 20-253-10  |
| <b>ADDRESS:</b>                  | Purchase Request No. F-2020-10-0142                                    |
| <b>CONTACT No.</b>               | <b>Purpose: Dental Project</b>   |
| <b>TIN No.</b>                   | ABC: 96,250.00   |
| <b>PhilGEPS Registration No.</b> | <b>Delivery Period: 7 Calendar Days upon receipt of Purchase Order</b> |
| <b>EMAIL ADDRESS:</b>            |  |

**INSTRUCTIONS TO SUPPLIERS:**

- Please quote your lowest price on the item/s listed below comprising the necessary taxes.
- It is mandatory to indicate the brand and/or model of the items being offered and to attach a brochure thereof whenever applicable.
- Indicate the warranty period in cases of equipment or whenever applicable.
- Forthwith submit the accomplished quotation duly signed by your representative.
- 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.*
- All items must conform with the internationally accepted standard and sub-standard items shall not be accepted.

| ITEM NO. | ITEM & SPECIFICATION                     | QTY/UNIT  | BRAND & MODEL OFFERED | UNIT PRICE | TOTAL PRICE |
|----------|--|-----------|-----------------------|------------|-------------|
| 1        | Surgical Face Mask (3 ply) 50pcs/box     | 800 boxes |                       |            |             |
| 2        | Face Shield with glasses frame           | 800 pcs   |                       |            |             |
| 3        | Alcohol bottle spray 60ml, Keychain type | 800 pcs   |                       |            |             |
| 4        | 70% ISOPROPYL Alcohol (Approved by FDA)  | 15 gal    |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |
|          |  |           |                       |            |             |

**NOTE:**

- BY LOT
- WITH LICENSE TO OPERATE ISSUED BY FDA

Accomplished by: \_\_\_\_\_

By the authority of the University President.  
 Assoc. Prof. JOSEPH ROY F. CELESTINO  
 BAC Chairman

Supplier's Representative  
 (Print name and Signature)

Date Accomplished : \_\_\_\_\_

Canvassed by: \_\_\_\_\_  
 Name and Signature