



REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES

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

COMPANY NAME:	Quotation No. 21-148-03
ADDRESS:	Purchase Request No. G-2021-03-0235
CONTACT No.	Purpose: for Laboratory use
TIN No.	ABC: Php 30,000.00
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.

ITEM NO.	ITEM & SPECIFICATION	QTY/UNIT	BRAND & MODEL OFFERED	UNIT PRICE	TOTAL PRICE
1	Window Blinds	6/ panel			
	Specifications:				
	*Type: Roller Shades				
	*Sheet Size: Wide Blade				
	*Pattern: Horizontal				
	*Style: Slat				
	*Material: Fabric				
	*Technique: Dual Tone				
	*Format Bead Rope				
	Opening and Closing Method Right Open				
	*Installation Type: Built-in				
	*Installation Type: Exterior Installation				
	*Installation Type Side Installation				
	*Installation Type Ceiling Installation				
	Dimensions:				
	W1- 130cm x 150cm				
	W2- 130cm x 150cm				
	W3- 174cm x 150cm				
	W4- 70cm x 100cm				
	W5- 170cm x 160cm				
	W6- 134cm x 160cm				
	W7- 134cm x 160cm				
	Please attach brochure or sample picture of the said item/s				

Accomplished by:

By the authority of the University President

Supplier's Representative
(Print name and Signature)


DR. DOLLY P. MAROMA
BAC Chairman

Date Accomplished : _____

Canvassed by:

Name and Signature