



Republic of the Philippines
BULACAN STATE UNIVERSITY
City of Malolos, Bulacan

REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES

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

COMPANY NAME:	Quotation No. 21-156-04
ADDRESS:	Purchase Request No. F-2021-04-0117
CONTACT No.	Purpose: Fog Machine Disinfectant and Solution
TIN No.	ABC: Php 9,600.00
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	FOG MACHINE DISINFECTANT	2 units			
	Specifications:				
	Cover Area: 200 sq.m.				
	Capacity: 200 mL				
	Voltage: 220				
	Power: 900W				
	Re-Heating time: 3 mins				
	Output Time: 20 seconds				
2	FOG MACHINE DISINFECTANT SOLUTION, 1 Gallon	8 gallons			
	Specification:				
	Kills 99.99% of virus, bacteria, fungi, molds and mildew				
	Broad spectrum				
	Active ingredient is US -EPA approved against Sars2				
	Neutral Ph				
	Non Corrosive				
	Non acid				
	Non chlorine				
	Please attach brochure or sample picture of the said item/s				

page 1 of 2

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

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[illegible]

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DR. DOLLY P. MAROMA
BAC Chairman

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