

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. 21-334-08		
ADDRESS:	Purchase Request No. G-2021-08-0560		
CONTACT No.	Purpose: For Anti-Termite Treatment at Flores Hall		
TIN No.	ABC: 105,000.00		
PhilGEPS Registration No. EMAIL ADDRESS:	Delivery Period: 45 Calendar Days upon receipt of Notice to		
ENIAIL ADDRESS:	Proceed		

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.

5. Suppl a) Valid Registra	with submit the accomplished quotation du iers are required and mandated to attach a Mayor's/Business Permit; b) BIR Certific tion; e) PhilGEPS Membership Certificate; ems must conform with the internationally	nd submit cate of Regi and f) Po	the following documental istration; c) Authority to CAB License in cases of Ini	o Print Recei	pt; d) DTI/SEC
ITEM NO.	ITEM & SPECIFICATION	QTY/UNIT	BRAND & MODEL OFFERED	UNIT PRICE	TOTAL PRICE
Λ	TERMITE TREATMENT				
	Termite Treatment at (Flores Hall)	2,500sq.m			
	First Floor	1,150sq.m			
	Second Floor	1,350sq.m			
1	The Contractor shall make a thorough inspection of the building and move all obstructions in the area prior to the treatment. These activity must be coordinated to the PMO and FMO at all times.				
-	Soil treatment of grounds at least 1 meter surrounding the building shall be included.				
	Treatment of all wood surfaces such as ceilings, doors, jambs, cornice, furniture, tables, chairs, etc. are also included				
4	Detection and demolition of all termite mounds on site shall be included.				
	Using odorless termicide(least toxic) - termicide brand is subject for approval of the PMO				
	WADDANTY.				
	WARRANTY:				
	The Contractor shall provide termite treatment every six (6) months for two (2) consecutive years. Thus, payment will be divided into four (4) installments.				
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Accomplish	ed by:		By the authority of the University	resident.	
Supplier's Representative			MS. ISABELITA BENEDICTOS		
Date Accom	(Print name and Signature)		BA Canvassed by:	d Chairman	
BulSU-OP-P Revision: 1	VU-03F3		Name	e and Signature	

	By the authority of the University Tresident.			
Supplier's Representative	MS. ISABELLIA BENEDICTOS			
(Print name and Signature)	BACClairman			
Date Accomplished :	Canvassed by:			
BulSU-OP-PU-03F3	Name and Signature			
Revision: 1				