



REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES

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

COMPANY NAME:	Quotation No. 22-05-235
CONTACT No.	Purchase Request No. F-2022-04-0178
Address:	Purpose: For Dental Project
TIN No.	ABC: 195,000.00
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) PhilGEPS Membership Certificate and e) Omnibus Sworn Statement
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	Toothbrush - Complete 5-way Clean (1) pack, (1) toothbrush	650 PCS			
2	Toothpaste 150g - Charcoal Deep Clean with Total 12 hr protection (1) pack, (1) toothpaste	650 PCS			
	NOTE: Please attach brochure and indicate days of delivery				

Accomplished by: _____
 Supplier's Representative
 (Print name and Signature)

By the authority of the University President.

 DR. DOLLY P. MAROMA
 BAC Chairman

Date Accomplished : _____

Canvassed by: _____
 Name and Signature