


Mandatory to fill in	
COMPANY NAME:	Quotation No. 22-06-367
CONTACT No.	Purchase Request No. F-2022-06-0289
Address:	Purpose: Medical equipment for Infirmary use including calibration and preventive maintenance
TIN No.	ABC: 50,000.00
PhilGEPS Registration No.	Delivery Period: 7 Calendar Days upon receipt of Purchase
EMAIL ADDRESS:	Order

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**.

<p>Accomplished by:</p> <hr/> <p>Supplier's Representative (Print name and Signature)</p> <p>Date Accomplished : _____</p> <p>BulSU-OP-PU-03F3 Revision: 1</p>	<p>By the authority of the University President.</p> <p> DR. DOLLY P. MAROMA BAC Chairman</p> <hr/> <p>Canvassed by:</p> <hr/> <p>Name and Signature</p>
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