



REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES

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

COMPANY NAME:	Quotation No. 22-07-453
CONTACT No.	Purchase Request No. G-2022-07-0628
Address:	Purpose: For office use
TIN No.	ABC: 9,900.00
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; and d) PhilGEPS Membership Certificate
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	(UV) HANDHELD ULTRAVIOLET DISINFECTION SCANNER	1 unit			
	Wattage: 8 watts; Light source: Quartz UV tubes Light color: Purple/Blue				
	Main material: ABS Plastic Programmable timer: 5 -30 mins.				
	Power: 220vac outlet; Timer: 5 mins to 1 hr.				
2	(UV) ULTRAVIOLET GERMICIDAL DISINFECTING LAMP	1 unit			
	Wattage: 38 watts; Light source: Quartz UV tubes; Light color: Purple/Blue				
	Main material: ABS Plastic Applicable Area: 40sq.m -80sq.m				
	Timer: 15 mins. To 1 hr. Control method: Remote Control				
3	AIR PURIFIER	1 unit			
	4 in 1 HEPA Filter				
	Plasma Ion Technology				
	8 hour timer				
	Air quality and air filter indicator				
	Energy saving Inverter motor				
	technology up to 30-90 sq.m.				
	Warranty: minimum of 1 year				
	BY LOT				
	NOTE: Please attach brochure and indicate days of delivery				

Accomplished by:

Supplier's Representative
(Print name and Signature)

Date Accomplished : _____

By the authority of the University President.

DR. DOLLY P. MAROMA
BAC Chairman

Canvassed by:

Name and Signature