

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

COMPANY NAME:	Quotation No. 22-08-490
CONTACT No.	Purchase Request No. G-2022-07-0675
Address:	Purpose: To comply with the requirements of Level 4 Accreditation of CIT- BUSTOS CAMPUS
TIN No.	ABC: 43,000.00
PhilGEPS Registration No.	Delivery Period: <b>7 Calendar</b> 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;   and   d) PhilGEPS Membership Certificate**
6. All items must conform with the **internationally accepted standard** and **sub-standard items shall not be accepted**.

[illegible]

By the authority of the University President.

**DR. DOLLY P. MAROMA**  
BAC Chairman

**Canvassed by:**

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Name and Signature