



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

COMPANY NAME:	Quotation No. 22-08-517
CONTACT No.	Purchase Request No. F-2022-08-0397
Address:	Purpose: for laboratory use
TIN No.	ABC: 5,000.00
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; 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	Blood Pressure Kit with Stethoscope	2 pcs			
	Sphygmomanometer				
	Long lasting, thicker rubber bladder				
	Authentic, luminous dial face				
	Natural cotton fiber cuff, durable and stain resistant with velcro closure				
	Inflation System is latex free and has an easy-release deflation valve				
	Brass gauge				
	With pouch				
	Digital				
	NOTE: Please attach brochure and indicate days of delivery				

Accomplished by:

By the authority of the University President.

Supplier's Representative
(Print name and Signature)

DR. DOLLY P. MAROMA
BAC Chairman

Date Accomplished : _____

Canvassed by:

Name and Signature