

Republic of the Philippines BULACAN STATE UNIVERSITY City of Malolos, Bulacan

REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES

Mandatory to fill in	
COMPANY NAME:	Quotation No. 22-08-533
CONTACT No.	Purchase Request No. F-2022-08-0412
Address:	Purpose: For infirmary use
TIN No.	ABC: 60,000.00
PhilGEPS Registration No.	Delivery Period: 7 Calendar Days upon receipt of Purchase
EMAIL ADDRESS:	Order

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	COVID-19 Antigen Swab Kit, FDA approved	300 pcs			
	Note:				
	1. EXPIRATION DATE MUST BE AT LEAST 2 YEARS FROM THE DATE OF DELIVERY				
	2. WITH LICENSE TO OPERATE ISSUED BY FDA				
	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.

m C DR. DOLLY P. MAROMA

BAC Chairman

Date Accomplished : __

Canvassed by:

BulSU-OP-PU-03F3 Revision: 1

JAM 8-22-2022

Name and Signature