


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

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|---------------------------|------------------------------------------------------------------|
| 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 |

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**.

[illegible]

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|----------------------------------|---------------------------------------------------------------------------------------|
| Accomplished by: | By the authority of the University President. |
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| Supplier's Representative | DR. DOLLY P. MAROMA |
| (Print name and Signature) | BAC Chairman |
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| Date Accomplished : _____ | Canvassed by: |
| | <hr/> |
| | Name and Signature |