



REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES

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

| | |
|---------------------------|--|
| COMPANY NAME: | Quotation No. 22-09-611 |
| CONTACT No. | Purchase Request No. F-2022-06-0295 |
| Address: | Purpose: For dental project |
| TIN No. | ABC: 200,000.00 |
| PhilGEPS Registration No. | Delivery Period: 7 Calendar Days upon receipt of Purchase Order |
| EMAIL ADDRESS: | |

INSTRUCTIONS TO SUPPLIERS:

- Please **quote your lowest price** on the item/s listed below **comprising the necessary taxes**.
- It is mandatory to **indicate the brand and/or model** of the items being offered and to **attach a brochure** thereof whenever applicable
- Indicate the **warranty period** in cases of equipment or whenever applicable.
- Forthwith submit the accomplished quotation **duly signed by your representative**.
- 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
- 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 | Toothbrush -Soft bristle, anti-bacterial (1) pack, (1) toothbrush | 800 pcs | | | |
| 2 | Toothpaste 120g -Maximum capacity protection (1) pack, (1) toothpaste | 800 pcs | | | |
| 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