



REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES

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

COMPANY NAME:	Quotation No. 22-11-779
CONTACT No.	Purchase Request No. G-2022-11-1106
Address:	Purpose: For University use
TIN No.	ABC: 232,500.00
PhilGEPS Registration No.	Delivery Period: <b>7 Calendar</b> Days upon receipt of Purchase Order
EMAIL ADDRESS:	

**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	<b>TABLET HOLDER</b>	75 pcs			
	<b>MATERIAL: METAL/ALUMINUM</b>				
	<b>LOAD CAPACITY: 1 KG OR HIGHER</b>				
	<b>SIZE: 9.7 INCHES OR HIGHER</b>				
	<b>ROTATABLE: YES, 360 degrees</b>				
	<b>LOCK: YES, WITH KEYS</b>				
	<b>Warranty</b> - Minimum of 1 Year on parts and services				
	<b>COMPLIANCE</b>				
	1. Preferably with Brochure / catalogue of the item being offered				
	2. Preferably with Manufacturer's Authorization Form or Certificate as Authorized Distributor/Reseller or Certificate of Registration as Manufacturer/Fabricator				
	3. Preferably with Warranty Certificate from Manufacturer and/or Supplier/ Authorized Reseller				
	4. With customized BulSU logo upon boot				
	<b>Contract Implementation:</b> The supplier must advise the Supply Office of the delivery schedule at least three (3) calendar days before the actual delivery.				
	<b>NOTE: Please attach brochure and indicate days of delivery</b>				

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