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. 22-11-781**
CONTACT No.	**Purchase Request No. G-2022-11-1124**
Address:	**Purpose: For DIO use**
TIN No.	**ABC: 56,000.00**
PhilGEPS Registration No.	**Delivery Period: 7 Calendar 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	Blue Bouffant cap (100's)	50 lot			
2	Vinyl Gloves Powder-free (100's)	10 lot			
3	Blue Disposable Polythene Apron (200's)	10 lot			
4	Small Food and Medical Grade Laboratory Gowns	10 pcs			
5	Medium Food and Medical Grade Laboratory Gowns	10 pcs			
6	Large Food and Medical Grade Laboratory Gowns	10 pcs			
7	Extra Large Food and Medical Grade Laboratory Gowns	10 pcs			
8	Saliva Shield	50 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