



REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES

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

COMPANY NAME:	Quotation No. 23-04-165
CONTACT No.	Purchase Request No. F-2023-04-0114
Address:	Purpose: For Registrar's office use
TIN No.	ABC: 48,000.00
PhilGEPS Registration No.	Please indicate days of delivery: _____ 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;    and    d) PhilGEPS Membership Certificate
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	PAPER SHREDDER	1 unit			
	Jam Prevention Features: 100% Jam Proof System				
	Feed Type: Traditional				
	Auto Start/Stop: Yes-Electronic				
	Bin Full Light : Yes				
	Can Shred: Staples, Credit Cards, Paper Clips, CD'S/DVDs Junkmail				
	Cut Type: Cross-Cut				
	Maximum Run Time (minutes): Continuous				
	Energy Efficient Features: Energy Savings System				
	Material Type: Plastic				
	Noise Features: Yes				
	Recommended Number of Users: 1-3				
	Safety Features: Yes				
	Usage: Heavy Use				
	Strength: Commercial				
	Bin Capacity(gallons): at least 14				
	Run Time(minutes): Continuous				
	Sheet Capacity: up to 20				
	Shreds per sheet: up to 300				
	Warranty: minimum of 1 year for parts and services				
	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

BulSU-OP-PU-03F3  
Revision: 1  
JAM 4-26-2023