


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

COMPANY NAME:	Quotation No. 23-05-243
CONTACT No.	Purchase Request No. F-2023-05-0140
Address:	Purpose: Ika-82 Pangkalahatang Pagtatapos 2023
TIN No.	ABC: 632,500.00
PhilGEPS Registration No.	Please indicate days of delivery: _____ Calendar Days
EMAIL ADDRESS:	upon receipt of Purchase 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;
e) Omnibus Sworn Statement and f) Income / Business Tax Return
6. All items must conform with the **internationally accepted standard** and **sub-standard items shall not be accepted**.

[illegible]

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

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Revision: 1