


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

COMPANY NAME:	Quotation No. 23-06-325
CONTACT No.	Purchase Request No. G-2023-06-0475
Address:	Purpose: For office staff use
TIN No.	ABC: 5,000.00
PhilGEPS Registration No.	Please indicate days of delivery: _____ Calendar Days upon receipt of Purchase Order
EMAIL ADDRESS:	

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**.

[illegible]

Accomplished by: _____ <div style="border-top: 1px solid black; padding-top: 10px; text-align: center;"> Supplier's Representative (Print name and Signature) </div> Date Accomplished : _____	By the authority of the University President. <div style="border-top: 1px solid black; padding-top: 10px; text-align: center;">  DR. DOLLY P. MAROMA BAC Chairman </div> Canvassed by: _____ <div style="border-top: 1px solid black; padding-top: 10px; text-align: center;"> Name and Signature </div>
--	---