


Mandatory to fill in	
COMPANY NAME:	Quotation No. 23-09-591
CONTACT No.	Purchase Request No. F-2023-09-0304
Address:	Purpose: For Registrar Office Use
TIN No.	ABC: 125,000.00
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 and e) Omnibus Sworn Statement
6. All items must conform with the **internationally accepted standard** and **sub-standard items shall not be accepted.**

<p>Accomplished by:</p> <hr/> <p>Supplier's Representative (Print name and Signature)</p>	<p>By the authority of the University President.</p> <p></p> <p>DR. CECILIA JERONIMO</p> <hr/> <p>BAC Chairperson</p>
<p>Date Accomplished : _____</p>	<p>Canvassed by:</p> <hr/> <p>Name and Signature</p>