



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

COMPANY NAME:	Quotation No. 23-10-650
CONTACT No.	Purchase Request No. G-2023-10-0955
Address:	Purpose: for Light Fixture Replacement in the IT Building
TIN No.	ABC: 24,000.00
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;* and d) *PhilGEPS Membership Certificate*
6. All items must conform with the **internationally accepted standard** and **sub-standard items shall not be accepted**.

Pls. fill up this blank space

[illegible]

Accomplished by:	By the authority of the University President.
Supplier's Representative (Print name and Signature)	DR. CECILIA A. GERONIMO BAC Chairperson
Date Accomplished :	Canvassed by:
	Name and Signature