



REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES

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

COMPANY NAME:	Quotation No. 23-10-705
CONTACT No.	Purchase Request No. F-2023-10-0345
Address:	Purpose: For Medical and Dental Use
TIN No.	ABC: 135,650.00
PhilGEPS Registration No.	Please indicate days of delivery: _____ Calendar Days
EMAIL ADDRESS:	upon receipt of Purchase Order

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; 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**.

[illegible]

Accomplished by:

Supplier's Representative
(Print name and Signature)

Date Accomplished : _____

BulSU-OP-PU-03F3
Revision: 1

RON 10.10.23

By the authority of the University President.

DR. CECILIA A. GERONIMO
BAC Chairperson

Canvassed by:

Name and Signature _____