



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

| | |
|---------------------------|---|
| COMPANY NAME: | Quotation No. 23-10-750 |
| CONTACT No. | Purchase Request No. I-203-09-0221 |
| Address: | Purpose: To comply with the requirements as TESDA National Certificate Training Center. |
| TIN No. | ABC: 21,000.00 |
| 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

Accomplished by:

By the authority of the University President.

DR. CECILIA A. GERONIMO
BAC Chairperson

Supplier's Representative
(Print name and Signature)

Date Accomplished : _____

Canvassed by:

Name and Signature