

Standard Form Number: SF-GOOD-60
Revised on: May 24, 2004
Standard Form Title: Request for Price Quotation

Date: 09/25/2018

Quotation No. 18-467-09
Purchase Request No. G09-784-18
Purpose: For Cafa students use
ABC 474,500

PHILGEPS Ref. No. _____

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, ***stating the shortest time of delivery and submit your quotation duly signed by your representative not later than 3 days upon receipt of this quotation.***

Please indicate the brand & model on the column provided. Brochure/literature is a requirement. Specify also the warranty period (for equipment). Pls. attached certification of distributorship/dealership from the manufacturer (for equipment)

DR. ROMEO INASORIA
Chairman, BAC (Goods)

ITEM NO.	ITEM & DESCRIPTION	BRAND & MODEL	QTY./UNIT	UNIT PRICE	TOTAL PRICE
1	DRAFTING TABLE		50 / unit		
	Description:				
	assemble with white surface the table also adjust in angle and height up to 45 degrees and 46.5". A removable storage tray sits on a shelf beneath the table top and 24" pencil ledge slides up and locks into place when needed. 4 floor levelers add stability on any surface				
2	DRAFTING STOOL		50 / unit		
	Description:				
	250 lbs. capacity				
	adjustable height				
	built in footrest				
	rubber feet				
	Note: Delivery Place at BSU Supply Office				
	Please contact/ advise Ms. Matilde Paulino at (044) 919-7800 local 1056 two (2)				
	days before the delivery period.				

- i. a.) Brochures with Specifications of the product
b.) Please Attach Philgephs Registration
- ii. Warranty
a.) Supplies & Materials = 3 months
b.) Equipment = 1 year
c.) outright replacement if found defective
- III. Delivery period from receipt of Purchase Order 7 days
*Subject to gov't creditable/ with holding tax
*All items must conform with PNS/Global Mark/ ICC standard
*Standard items shall not be accepted

c.) Please Attach the ff:

- *DTI / SEC Registration
- * BIR (Certificate of Registration; Authority to Print
- * Mayor's / Business Permit
- * PhilGEPS Registration

After having carefully read and accepted your General Conditions, I/We quote you on the item at prices noted above.

VAT Registered : _____

NON-VAT Registered :

Company Name : _____

Address

Tel. No. / Cellphone No. : _____

Email Address: _____

BuISU-OP-PU-03F3

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Accepts check on gov't terms :

Printed Name / Signature : _____

Date : _____

Canvass By: _____