Republic of the Philippines
BULACAN STATE UNIVERSITY
City of Malolos, Bulacan

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

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Date: 4/17/2019

Quotation No. 19-252-04
Purchase Request No. G-04-385-19
Purpose: Repainting of activity center (basketball and volleyball court).
ABC 96,575.00

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. KENO C. PIAD
Chairman, BAC (Goods)

ITEM NO.	ITEM & DESCRIPTION	BRAND & MODEL	QTY./UNIT	UNIT PRICE	TOTAL PRICE
1	chlorinated rubber base paint (blue)		35/gal		
2	chlorinated rubber base paint (white)		6/gal		
3	epo seal EPS 50		16/gal		
4	rubber base paint reducer		10/gal		
5	masking tape #3/4		60/roll		
6	paint roller # 7 omega brand		40/pcs		
7	paint brush # 2 pan club brand		20/pcs		
8	paint brush # 1 1/2		20/pcs		

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
*Sub 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: _____

Accepts check on gov't terms : _____
Printed Name / Signature : _____
Date : _____
Canvass By: _____