## PHILIPPINE PORTS AUTHORITY

PORT MANAGEMENT OFFICE SOCSARGEN
Port Area, Makar Wharf, General Santos City
Tel. No.: (083)552-4484; 301-8671; FAX No. (083)552-4446; 301-2076; 301-2078

NAME OF SUPPLIER

Standard Form Number: SF-GOOD-60

Revised on May 24, 2004

RPQ NO.

Standard Form Title: Request for Quotation PR NO. GEN-7211-23

1204011-23

PR NO.

## REQUEST FOR PRICE QUOTATION

Office Address		Date Prepared:	Date Prepared: 12/21/2023		
	Please quote your lowest price on the item/s list the shortest time of delivery and submit in a seale entative not later than	ted below, subject to the General C d envelope, your quotation duly sig	Condition o	n the last page, u/authorized	
repres	entative not later than	•	,		
		DEC		TORREFIEL	
NOTE				airperson	
2. 3. 4. 5.	ALL ENTRIES MUST BE WRITTEN/TYPEWRITTEN DELIVERY PERIOD WITHIN THIRTY (30) CALENDAR WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MO YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTAN PRICE VALIDITY SHALL BE FOR A PERIOD OF G-EPS REGISTRATION CERTIFICATE SHALL BE ATT BIDDERS SHALL SUBMIT ORIGINAL BROCHURES S	ONTHS FOR SUPPLIES MATERIALS NCE BY THE PROCURING ENTITY CALENDAR DAYS TACHED UPON SUBMISSION OF THE	QUOTATI	ON S BEING OFFERED	
Item No.	ITEM DESCRIPTION	QTY	UNIT	UNIT PRICE	
1	Prepaid Cards (cellcards) for CY 2024	1	Lot		
	Smart 500				
	Globe 500				
	TM 500 TNT 500				
noted	After having carefully read and accepted your dabove.	Priu	nted Name	em/s at prices	
	assed by: OLIVER A. NADELA canvassed:	email:	Dat	e	