

REQUEST FOR PRICE QUOTATION

NAME OF SUPPLIER _____ **RPQ NO.** 0801001-23
Office Address _____ **Date Prepared:** 8/2/2023

Please quote your lowest price on the item/s listed below, subject to the General Condition on the last page, stating the shortest time of delivery and submit in a sealed envelope, your quotation duly signed by you/authorized representative not later than _____

DEOLITO B. TORREFIEL
 BAC Chairman



NOTE:

1. ALL ENTRIES MUST BE WRITTEN/TYPEWRITTEN
2. DELIVERY PERIOD WITHIN THIRTY (30) CALENDAR DAYS
3. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY
4. PRICE VALIDITY SHALL BE FOR A PERIOD OF _____ CALENDAR DAYS
5. G-EPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION
6. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCTS BEING OFFERED.

Item No.	ITEM DESCRIPTION	QTY	UNIT	UNIT PRICE
1	Candies, assorted (branded)	30	Pack	
2	Softdrinks Light, 325ml (branded)	50	Can	
3	Liquid Hand Soap, eco-friendly 225ml (branded)	10	Bottle	
4	Dishwashing Liquid, eco-friendly 475ml (branded)	10	Bottle	
5	Chocolate Powdered Milk Drink, 24g x12's (branded)	20	Pack	
6	Assorted Biscuits (branded)	60	Pack	
7	Sugar, Brown	20	Kilogram	
8	Coffee Sticks, 48x2g (branded)	20	Pack	
9	Alcohol, rubbing, 70% isoprophyl, 500ml. (branded)	10	Bottle	
10	Coffee, 3-in-1, Black roast, 10 x 23gs, (branded)	10	Pack	
11	Coffee, 3-in-1, original, 38g x 30's (branded)	10	Pack	
12	Gold Blend Coffee, 200g (branded)	5	Jar	
13	Hand Guard Disposable Gloves, 100's (branded)	5	Box	
14	Wooden Disposable Spoons and Fork (branded)	10	Pack	
15	Choco Chips Cookies Bucket 800g (branded)	5	Pail	
16	Butter Cookies Bucket 800g (branded)	5	Pail	
17	Chocolate Sandwich Biscuits (branded)	20	Pack	
18	Biscuits, Mix, (branded)	5	Pail	
19	Sandwich Spread, Chicken 470ml (branded)	5	Bottle	
20	Mineral water, Alkaline 500ml, 24bot./case (branded)	15	Case	

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

 Printed Name/Signature

 Tel. No./Cellphone No.
 email: _____

Canvassed by: **OLIVER A. NADELA**
 Date canvassed: _____

 Date

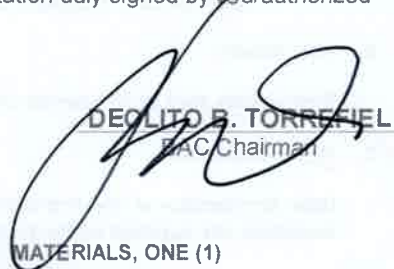
PHILIPPINE PORTS AUTHORITY
 PORT MANAGEMENT OFFICE SOCSARGEN
 Port Area, Makar Wharf, General Santos City
 Tel. No.: (083)552-4484; 301-8671; FAX No. (083)552-4446; 301-2076; 301-2078

Standard Form Number: SF-GOOD-60
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Standard Form Title: Request for Quotation
PR NO. GEN-7105-23

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Item No.	ITEM DESCRIPTION	QTY	UNIT	UNIT PRICE
21	Mineral water, Distilled 500ml, 35bot./case (branded)	15	Box	
22	Sandwich Spread, Cheese, 440g (branded)	10	Bottle	
23	Hot Milk Chocolate Drinks, 26g x 10 (branded)	10	Box	
24	Coffee Creamer 5g x 48's	10	Pack	

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 Printed Name/Signature

 Tel. No./Cellphone No.
 email:

Canvassed by: **OLIVER A. NADELA**

Date canvassed: _____

 Date