## PHILIPPINE PORTS AUTHORITY

PORT MANAGEMENT OFFICE SOCSARGEN

Date canvassed: \_

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

Revised on May 24, 2004

Standard Form Title: Request for Quotation PR NO. GEN-6443-21

Date

## REQUEST FOR PRICE QUOTATION

NAME	OF SUPPLIER	RPQ NO.	0904002-	21	
Office Address		Date Prepar	Pate Prepared 9/20/2021		
	Please quote your lowest price on the item/s listed the shortest time of delivery and submit in a sealed er entative not later than	nvelope, your quotation du	eral Condition ly signed by yo	on the last page, u/authorized	
NOTE	:	-	DEOLITO B. TORREFIEL  BAC Chairman		
2. 3. 4. 5.	ALL ENTRIES MUST BE WRITTEN/TYPEWRITTEN DELIVERY PERIOD WITHIN THIRTY (30) CALENDAR DAYS WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTH YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE B PRICE VALIDITY SHALL BE FOR A PERIOD OF G-EPS REGISTRATION CERTIFICATE SHALL BE ATTACH BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOW	IS FOR SUPPLIES MATERIA BY THE PROCURING ENTITY CALENDAR DAYS ED UPON SUBMISSION OF	Y THE QUOTATIO		
Item No.	ITEM DESCRIPTION	QTY	UNIT	UNIT PRICE	
1	Hotel Room Accommodation (x3 nights)	6.00	Unit		
noted	After having carefully read and accepted your Geneabove.	eral Conditions, I/We quote	you on the ite	em/s at prices	
			Printed Name/Signature		
Canvas	ssed by: OLIVER A. NADELA	email:	Tel. No./Cellp	hone No.	