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
Revised on May 24, 2004
Standard Form Title: Request for Quotation
PR NO GEN-8039-25

REQUEST FOR PRICE QUOTATION

NAME OF SUPPLIER _____ **RPQ NO.** 1202004-25
Office Address _____ Date Prepared 11/12/2025

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 Chairperson

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	Meals	150	Pack	

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: **ROSAURO B. PALARAN**
Date canvassed: _____

_____
Date