

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

Revised on May 24, 2004

Standard Form Title: Request for Quotation  
PR NO. \_\_\_\_\_ GEN-7217-23

# REQUEST FOR PRICE QUOTATION

NAME OF SUPPLIER

Office Address

RPQ NO. 1203003-23

Date Prepared: 12/12/2023

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

**NOTE:**

**DEOLITO B. TORREFIEL**  
BAC Chairperson

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.

[illegible]

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 \_\_\_\_\_