

REQUEST FOR QUOTATION

NAME OF SUPPLIER:

OFFICE ADDRESS :

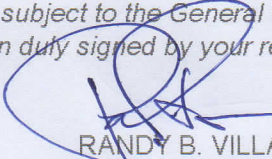
QUOTATION NO.: 0165-2019

DATE PREPARED: July 23, 2019

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 your quotation duly signed by your representative not later than _____.

NOTE:

1. All entries must be handwritten or typewritten
2. Delivery period within 45 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 45 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 product being offered.
7. Sealed/Unsealed canvass/quotation shall be accepted
8. All prospective bidders shall submit Mayor's/Business permit, PhilGEPS registration number, Income/Business Tax Returns, Omnibus sworn statement and DTI certificate of registration during the opening of sealed RFQ.


RANDY B. VILLARTE
Actg. Supervising Supply Officer

ITEM NO.	ITEM & DESCRIPTION	QTY	UNIT	PRICE/ UNIT	TOTAL AMOUNT
5	OFFICE SOFA SET (GOOD FOR 5) WITH CENTER TABLE	4	SETS		
	DURABLE, HIGH QUALITY WITH THE FF SPECS:				
	- ONE 3 SEATER, TWO 1 SEATER SOFA SET				
	-BLACK/BROWN COLOR				
	-WOODEN/GLASS CENTER TABLE				
	-MODERN AND MINIMALIST DESIGN				
	-LEATHER AND HIGH DENSITY FOAM				
	-STAINLESS STEEL FRAME, SOLID WOOD INNER				
	(SEE ATTACHED PREFERRED DESIGN)				
	APPROVED BUDGET FOR CONTRACT: PHP 180,000.00				
6	OFFICE SOFA, 4 SEATER, BLACK LEATHER COVER,	1	UNIT		
	SOFT CUSHION, MODERN DESIGN				
	APPROVED BUDGET FOR CONTRACT: PHP 25,000.00				
	xxx nothing follows xxx				

Brand and Model :

Warranty :

Delivery Period:

Price Validity:

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

Canvassed by: _____

Date canvassed : _____

PRINTED NAME/SIGNATURE

TEL NO. / CELLPHONE NO.

DATE