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. <u>GEN-6986-22</u>

REQUEST FOR PRICE QUOTATION

NAME OF SUPPLIER Office Address **RPQ NO.** 1205003-22 Date Prepared: 12/27/2022

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 Chairman

- 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 DESCRIPTIONQTYUNITUNIT PRICE1Digital Door Lock - 81Lot101Lot1Internet101Internet1Internet111Internet1Internet111Internet1Internet111Internet1Internet1111Internet11111Internet11<t

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
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