## 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-6992-22

Date

PR NO.

## **REQUEST FOR PRICE QUOTATION**

		RPQ NO.	1205009-22			
		Date Prepare	Date Prepared: 12/28/2022			
stating repres	Please quote your lowest price on the item/s listed below, sub the shortest time of delivery and submit in a sealed envelope, you entative not later than	pject to the Gener our quotation dul	ral Condition o	on the last page, ou/authorized		
NOTE	:	<u>. l</u>	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) MONTHS FOR SU YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PERICE VALIDITY SHALL BE FOR A PERIOD OF	ROCURING ENTIT ALENDAR DAYS SUBMISSION OF	Y THE QUOTATI			
Item No.	ITEM DESCRIPTION	QTY	UNIT	UNIT PRICE		
1	Office Furniture System (pls. see attached sheet for details)	1	Lot			
noted	After having carefully read and accepted your General Condit above.	ions, I/We quote	you on the ite	m/s at prices		
		<del></del>	Printed Name/Signature			
			Tel. No./Cellphone No.			
	ssed by: OLIVER A. NADELA	Ciriali.				
Date ca	anvassed:					

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NAME	OF SUPPLIER	RPQ NO.	1205009-	1205009-22		
Office	Address	Date Prepare	Date Prepared: 12/28/2022			
stating represe	Please quote your lowest price on the item/s listed below the shortest time of delivery and submit in a sealed envelogentative not later than	pe, your quotation dul				
NOTE:		<u>. I</u>	DEOLITO B. TORREFIEL  BAC Chairman			
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Item No.	ITEM DESCRIPTION	QTY	UNIT	UNIT PRICE		
noted a	After having carefully read and accepted your General Cabove.	Conditions, I/We quote	you on the ite	m/s at prices		
		F	Printed Name/Signature			
		·	Tel. No./Cellp	hone No		
Canvas	sed by: OLIVER A. NADELA	email:	rei. No./Cellp	HOLIG INU.		
	nvassed:					
			Date			