

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-6722-22**REQUEST FOR PRICE QUOTATION**

NAME OF SUPPLIER _____

RFQ NO. 050113-22

Office Address _____

Date Prepared: 5-May-22

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 Chairman

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	Muriatic Acid, 500ml			
2	Dishwashing Paste, 400g			
3	Jumbo tissue paper			
4	Toilet Bowl Pump			
5	Gloves, cloth with Rubber Pad, heavy duty			
6	Safety Goggles			
7	Scouring Pad with Sponge			
8	Detergent Bar			
9	Air Freshener, aerosol, 320ml			
10	Hand Sanitizer, with Spray Gun, 300ml			
11	ALCOHOL, rubbing, 70% isoprophyl			
12	Bleach Liquid, 450ml			
13	Fabric Conditioner, 1000ml (in pouch)			
14	Fabric Conditioner, 26ml (in sachet)			
15	Shampoo, 16ml			
16	Liquid Detergent, 900ml			
17	Liquid Detergent, 900ml			
18	Glass Cleaner, with Sprayer 500ml			
19	Bathroom/Toilet Cleaner, 500ml			
20	Dishwashing Liquid, 250ml, Lemon			
21	Tissue Paper 12's per 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.Canvassed by: **OLIVER A. NADELA**

Email: _____

Date Canvassed: _____

Date