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-6740-22

REQUEST FOR PRICE QUOTATION

NAME OF SUPPLIER _____ **RPQ NO.** 0602001-22
Office Address _____ Date Prepared: 6/7/2022

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 _____ .

Digitally signed by Deolito B. Torrefiel

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	RAM DDR-4 8gb	15	Piece/s	
2	Power Supply 500watts	15	Unit	
3	Memory Card, SD, 128gb	2	Piece/s	
4	VGA Cable (1.5m)	10	Piece/s	
5	DVI Cable (1.5m)	10	Piece/s	
6	HDMI Cable (1.5m)	10	Piece/s	
7	Webcam, 1080, 4K	14	Unit	
8	Double-Sided Tape 10mm, high quality	8	Roll	
9	ELECTRICAL TAPE 3/4 in. x 66 ft	8	Roll	
10	Moulding 1"	20	LGT	
11	Extension Wire, 5m, 4-gang	8	Piece/s	
12	Heavy Duty Safety Harness	2	Piece/s	
13	SSD 500gb SATA	15	Piece/s	
14	Duct Tape, 1.88 in. x 30 yard	8	Roll	

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