## PHILIPPINE PORTS AUTHORITY

PORT MANAGEMENT OFFICE SOCSARGEN Port Area, Makar Wharf, General Santos City

Date canvassed: \_\_\_\_\_

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-6923-22

Date

PR NO.

## **REQUEST FOR PRICE QUOTATION**

		RPQ NO.	1005003-22			
		Date Prepare	d: 10/25/202	: 10/25/2022		
stating repres	Please quote your lowest price on the item/s listed below, subject the shortest time of delivery and submit in a sealed envelope, your entative not later than					
NOTE	:	<u>1</u>	DEOLITO B. TORREFIEL  BAC Chairman			
<ol> <li>ALL ENTRIES MUST BE WRITTEN/TYPEWRITTEN</li> <li>DELIVERY PERIOD WITHIN THIRTY (30) CALENDAR DAYS</li> <li>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</li> <li>PRICE VALIDITY SHALL BE FOR A PERIOD OF CALENDAR DAYS</li> <li>G-EPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION</li> <li>BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCTS BEING OFFERED.</li> </ol>						
Item No.	ITEM DESCRIPTION	QTY	UNIT	UNIT PRICE		
1	Supply of labor/service for collection ofgarbage in Port area (to b collected at least twice a week) and disposal in designated area for the period from January 1, 2023 to December 31, 2023 for PMO-SOCSARGEN		Lot			
noted	After having carefully read and accepted your General Condition above.	ns, I/We quote y	you on the iter	m/s at prices		
		P	Printed Name/Signature			
			Tel. No./Cellphone No.			
Canvas	ssed by: OLIVER A. NADELA	oman.				

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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-6923-22

Date

PR NO.

## **REQUEST FOR PRICE QUOTATION**

NAME	OF SUPPLIER	RPQ NO.	NO. 1005003-22			
Office /	Address	Date Prepare	d: 10/25/202	2		
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:		<u>_ c</u>	DEOLITO B. TORREFIEL  BAC Chairman			
2. E 3. V Y 4. F 5. G	ALL ENTRIES MUST BE WRITTEN/TYPEWRITTEN DELIVERY PERIOD WITHIN THIRTY (30) CALENDAR DAYS WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUP YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PRO PRICE VALIDITY SHALL BE FOR A PERIOD OF	OCURING ENTITY LENDAR DAYS UBMISSION OF	THE QUOTATION			
Item No.	ITEM DESCRIPTION	QTY	UNIT	UNIT PRICE		
noted a	After having carefully read and accepted your General Conditio bove.	ns, I/We quote <u>y</u>	you on the iter	m/s at prices		
		P	Printed Name/Signature			
			Tel. No./Cellphone No.			
Canvass		email:				