

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-6552-21****REQUEST FOR PRICE QUOTATION****NAME OF SUPPLIER** _____**RPQ NO.** **1203002-21**

Office Address _____

Date Prepared **12/14/2021**

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	Office Supplies Package	76	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.

email: _____

Canvassed by: **OLIVER A. NADELA**

Date canvassed: _____

Date

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