

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

Revised on May 24, 2004

Standard Form Title: Request for Quotation
PR NO. GEN-6917-22

REQUEST FOR PRICE QUOTATION

NAME OF SUPPLIER _____ RPQ NO. **1202003-22**
Office Address _____ Date Prepared: 12/7/2022

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 _____.

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-EPES REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION
6. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCTS BEING OFFERED.

[illegible]

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 _____

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

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Item No.	ITEM DESCRIPTION	QTY	UNIT	UNIT PRICE

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Printed Name/Signature_____
Tel. No./Cellphone No.
email: _____Canvassed by: **OLIVER A. NADELA**

Date canvassed: _____

Date