

REQUEST FOR QUOTATION

NAME OF SUPPLIER:
 OFFICE ADDRESS :

QUOTATION NO.
 DATE PREPARED:

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 your quotation duly signed by your representative not later than _____.

NOTE:

1. All entries must be typewritten
2. Delivery period within _____ 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 product being offered.

LIBERTO L. DELA ROSA, JR.
 Acting Supervising Supply Officer

ITEM NO.	ITEM & DESCRIPTION	QTY	UNIT	PRICE/ UNIT	TOTAL AMOUNT
1	Television set, 24", Smart, Internet/WIFI ready, with Wall Bracket	1	UNIT	45,000.00	45,000
2	Mobile Pedestal	2	Units	5,000.00	10,000
3	Water Dispenser, , Hot and Cold, Electric, with chiller compartment,	3	Unit	10,000.00	30,000
4	Conference Table with chair, 8 seater, wenge finish	1	Unit	30,000.00	30,000
5	Visitors Chair, Black, Leatherette, 2 legged (stainless steel)	4	pcs	4,000.00	16,000
6	Table, Executive with Pedestal, L Shaped, Wooden, Solid Wood, Mahogany Color	1	Unit	25,000.00	25,000
7	Lateral Steel Cabinet, Clean Finished, Black	6	Units	10,000.00	60,000
8	Clerical Table, Free Standing, Wenge top	4	Units	4,000.00	16,000
9	typewriter Table with Drawers	1	Unit	5,000.00	5,000
10	Executive Chair, Leatherette Black, Swivel	1	unit	10,000.00	10,000
11	SOAF Set (5 seater) with Wooden Center Table, Leatherette Black	1	Unit	15,000.00	15,000
12	Junior Execvutive Chair, Swivel, Gas Lift	4	Pcs	5,000.00	20,000
				ABC	282,000
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Brand and Model :
 Warranty :

Delivery Period:
 Price Validity:

After having carefully read and accepted your General Conditions, I/We quote you on the item at prices noted above.

 PRINTED NAME/SIGNATURE

 TEL NO. / CELLPHONE NO.

Canvassed by: _____
 Date canvassed : _____

 DATE