



## REQUEST FOR QUOTATION

Standard Form No.: SF-GOOD-60  
 Revised on: May 24, 2004  
 Standard Form Title: Request for Quotation

Supplier:	Requesting Unit:
Address:	PR No.: 2019-11-299
Telephone No.:	Quotation No.: 2019-07-223
e-Mail:	Date: November 12, 2019
Date received by the Supplier:	ABC: 52,400.00

Please quote your lowest price on the item/s listed, subject to the General Conditions below, stating the shortest time of delivery and **submit your quotation in a sealed envelope** duly signed by your representative not later than November 20, 2019 @ 9am

*[Signature]*  
**JULIET C. SANNAD**  
 Chief- Curriculum Implementation Division  
 Chairman, Bids and Awards Committee

**REQUIREMENTS:**

1. Mayor's / Business permit
2. PhilGEPS registration number or certificate

**Note:**

- ✓ Submit RFQ together with the requirements.
- ✓ All entries must be typewritten or legibly written.
- ✓ Indicate brand and model of item offered.
- ✓ Delivery period within \_\_\_\_\_ Calendar Days.
- ✓ Price validity shall be for a period of 30 Calendar Days.

POSTED IN PHILGEPS

Item No.	Qty.	Unit	Item Description	Unit Price	Total Price
1	2620	Bottles	Multivitamins (syrup) 60 ml / bottle		
<b>TOTAL</b>					
Purpose: Multi vitamins for school based feeding program beneficiaries SY 2019-2020					

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

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Tin

\_\_\_\_\_  
Date/Telephone No.

Canvassed by: