




REQUEST FOR QUOTATION

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

Supplier:
 Address:
 Telephone No.:
 e-Mail:
 Date received by the Supplier:

Requesting Unit:
 PR No.: 2020-11-256
 Quotation No.: 2020-08-238
 Date: December 2, 2020
 ABC: 5,500.00

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 12-9-2020.


JULIET C. SANNAD
 Chief- Curriculum Implementation Division
 Chairman, Bids and Awards Committee

REQUIREMENTS:

1. Mayor's / Business permit
2. PhilGEPS registration number or certificate
3. Omnibus Sworn Statement

Note:

- ✓ Submit RFQ together with the requirements.
- ✓ All entries must be typewritten or legibly written.
- ✓ Delivery period within _____ Calendar Days.
- ✓ Price validity shall be for a period of 30 Calendar Days.

Item No.	Qty.	Unit	Item Description	Unit Price	Total Price
1	1	Set	Acrylic sneeze guard -Acrylic safety shield height protective screen -Materials: 3mm clear acrylic -Size: 30 inches height x 96 inches width		
				TOTAL	
Purpose: Protective screen for SDO front desk use					

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: