



## REQUEST FOR QUOTATION

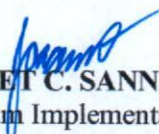
Standard Form No.: SF-GOOD-60  
 Revised on: May 24, 2004  
 Standard Form Title: Request for Quotation

Supplier:  
 Address:  
 Telephone No.:  
 e-Mail:

Date received by the Supplier:

Requesting Unit: OSDS  
 PR No.: 2021-01-006  
 Quotation No.: 2021-01-007  
 Date: January 21, 2021  
 ABC: 9,000.00

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 January 25, 2021.

  
**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	6	Pieces	Office chair adjustable height 360 rotate mesh comfortable and breathable home office furniture back		
				<b>TOTAL</b>	

Purpose: Procurement of office chairs for ASDS office 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: