




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.: 2021-02-018
Quotation No.: 2021-02-019
Date: February 5, 2021
ABC: 39,000.00

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 February 11, 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	1	Set	Table and chair -dimension: 27 ½ width : 46 length -steel with tempered glass -with 4 chairs -made of steel and foam		
2	1	Set	Refrigerator -6 cubic feet -2 door -color: silver		
3	1	Set	Sofa -made of leatherette -color: black -with 4 pillows -dimension: L type		
4	1	Set	Dispenser -water dispenser -floor stand (hot/cold and warm) -with water container (5 gallon)		
				TOTAL	

Purpose: Procurement of furniture and appliances for medical and ASDS office

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

Signature over Printed Name

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Date/Telephone No.

Canvassed by: