

Kaagapay ng Komunidad sa Maginhawang Pamumuhay

Standard Form Number: SF-GOOD-60

Revised on: January 08, 2018

Standard Form Title: Request For Quotation

Company Name:	Date:
Address:	Quotation No.: 2025021700045
PhilGEPS Reg. No.	
Please quote you lowest price on the item/submit your quotation duly signed by your representative	s listed below, subject to the General Conditions, stating the shortest time of delivery and not later than, 2025.
	JUSANNE V. SALVADOR
	SUPPLY OFFICER II
	JUSANSALVADOR@YAHOO.COM
	Tel/Fax No.: (02) 8817-3168

General Conditions:

- 1. All entries must be typewritten/accurate/readable.
- 2. Delivery period must be within seven (7) calendar days only.
- 3. Warranty shall be for a period of six (6) months for supplies and materials, one (1) year for equipment, from the date of acceptance by the Procuring Entity.
- 4. Price validity must be within thirty (30) calendar days.
- 5. Bidders must submit Certificate of PhilGEPS registration, updated Business Permit? Mayor's Permit, Notarized Omnibus Sworn Statement (for ABC's above 50k), and Income or Business Tax Return for ABC's above 500k.
- 6. Bidders shall submit original brochures showing specifications of product being offered.
- 7. All bid proposals must be VAT inclusive.

(FAILURE TO DO SO WILL MEAN DISQUALIFICATION OF YOUR BID PROPOSAL.)

Item No.	Item and Description	QTY	Approved Budget (In Php)	BID Price
A-001-820	HP 416A Black Laserjet Toner Cartridge-for HP M454nw		18,000.00	
A-001-821	HP 416A Cyan Laserjet Toner Cartridge-for HP M454nw		18,000.00	
A-001-822	HP 416A Magenta Laserjet Toner Cartridge-for HP M454nw		18,000.00	
A-001-823	HP 416A Yellow Laserjet Toner Cartridge-for HP M454nw	2	18,000.00	
	Place of Delivery: 8737 BDO PLAZA PASEO DE ROXAS MAKATI CITY Delivery Term: FOB Destination Term of Payment: 15 working days upon complete delivery		72,000.00	
	Brand and Model: Delivery Period: Warranty:			
	PriceValidity: Payee's Name & TIN:			
Aft	er having carefully read and accepted your General Conditions, I/We of			bove.
Prir	nted Name / Signature Tel. N	No. / Cellphor	ne No	
E-m	nail Address Date			