Republic of the Philippines Province of Negros Occidental City of Talisay

REQUEST FOR QUOTATION

Date : ___December 9, 2020 Quotation No.

> ARCHIBALD M. TUVILLA General Services Officer

Note:

- 1. ALL ENTRIES MUST BE TYPEWRITTEN
- 2. DELIVERY PERIOD WITHIN _____ CALENDAR DAYS
- 3. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS AND ONE (1) YEAR FOR EQUIPMENT FROM DATE OF ACCEPTANCE BY THE CITY OF TALISA)
- 4. PRICE VALIDITY SHALL BE FOR A PERIOD OF _____ CALENDAR DAYS
- 5. G-EPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF QUOTATION
- 6. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS

| | | 1 | | | |
|----------|---------------------------------------------------|-----------------|------|------------|--------------|
| ITEM NO. | DESCRIPTION | QTY | UNIT | UNIT PRICE | TOTAL AMOUNT |
| 1 | Long bond paper, sustance 20 | 50 | ream | | |
| 2 | A4 Bond Paper, subtance 20 | 80 | ream | | |
| 3 | Short Bond Paper, substance 20 | 40 | ream | | |
| 4 | Refill Ink (black, 30 colored) | 80 | box. | | |
| | For the City Health Office, city of Talisay | | | | |
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| | <u>l</u> | BRAND AND MODEL | | | |

DELIVERY PERIOD WARRANTY PRICE VALIDITY

After having carefully read and accepted your general conditions/ I/We quote you on item

PRINT NAME AND SIGNATURE

TEL. NO./ CELLPHONE NO. & EMAIL ADDRESS