Republic of the Philippines
Province of Negros Occidental
City of Talisay

REQUEST FOR QUOTATION

Date : _ December 21 , 2020.
Quotation No. _____

_____
_____

Please quote your lowest price on the item/s listed below, subject to the General Condition on the last page stating the shortest time of delivery and submit your quotation duly signed by your representative not later than _December 23, 2020 in the return envelope attahed herewith.

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 TALISAY
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

ITEM NO.	DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL AMOUNT
1	Tetrapack Juice	44,000	btls.		
	Fpr the Assistance program in the City of Talisay				
	xxxxxxxxxxnothing follows xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx				

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