

# REQUEST FOR QUOTATION

Western Mindanao State University

Quotation No.: \_\_\_\_\_

PR No.: PR-22-10-449

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the page, stating the

shortest time of delivery and submit your quotation duly signed by your representative not later than NOV 17 2022 at 10:00 AM in the return envelope attached herewith. Any quotation submitted beyond this date will not be considered.

  
**JOEL G. FERNANDO, Ph.D.**  
 BAC Chair

- NOTE:**
- 1 ALL ENTRIES MUST BE TYPEWRITTEN
  - 2 DELIVERY PERIOD WITHIN **10** CALENDAR DAYS FROM THE RECEIPT OF THE PURCHASE ORDER.
  - 3 WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES AND MATERIALS. ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY WESTERN MINDANAO STATE UNIVERSITY
  - 4 PRICE VALIDITY SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS UPON RECEIPT OF THE PURCHASE ORDER
  - 5 G-EPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION
  - 6 BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED

Item No.	Qty	Unit	Item and Description	Approved Budget for Contract (ABC)	Unit Cost	Total Cost
1.	20	Bags	Cement – 40kg/bag	P 6,000.00 <i>712</i>		
2.	8	Cu.M.	Gravel	P 8,000.00		
3.	12	Cu.M.	Coarse Sand	P 12,000.00		
4.	8	Cu.M.	Fine Sand	P 12,000.00		
5.	20	Pieces	Stainless Steel Lavatory Faucet ½" Diameter	P 15,600.00		
<i>Note: For the Physical Plant Office of the University.</i>						

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EPS Reference Number : \_\_\_\_\_  
 EPS Solicitation Number : \_\_\_\_\_  
 EPS Closing Date : \_\_\_\_\_

Total: \_\_\_\_\_  
 Brand & Model : \_\_\_\_\_  
 Delivery Period : \_\_\_\_\_  
 Warranty : \_\_\_\_\_  
 Price Validity : \_\_\_\_\_

After having carefully read and accepted your General Conditions, the foregoing are our price quotation for the items above indicated.

PhilGEPS Registration No.: \_\_\_\_\_  
 Certificate Reference No.: \_\_\_\_\_

REY ESPIRITUSANTO / JORGE CONCEPCION / RALPH JUDE LLACUÑA  
 Carvasser

\_\_\_\_\_  
 Printed Name/Signature  
 \_\_\_\_\_  
 Tel .No./Cellphone #  
 \_\_\_\_\_  
 Date