Republic of the Philippines

UNIVERSITY OF SOUTHEASTERN PHILIPPINES

Obrero Campus, Bo. Obrero Davao City

PROCUREMENT UNIT

Request for Quotation

PR NO.: 2019-08-0839

DATE: 'August 22, 2019

Company Name : ______________________

Address: ______________________

Please quote your lowest price on the items / 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 ______________ in the return envelope attached herewith

REYNILO P. GARCIA & 8/22/19
BAC Chairman

Note :
1. All entries must be typewritten.
2. Delivery Period within ________ calendar days upon receipt of 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 the procuring entity.
4. Price validity shall be a period of 30 calendar days.
5. G-EPS Registration Certificate shall be attached upon submission of the Quotation.
6. Bidders shall submit Original Brochures showing certification of the product being offered (optional).
7. Mode of delivery: [ ] Pick-up (Schedule) [x] Door to Door Delivery

Item No.	Unit	ITEM AND DESCRIPTION	QTY.	BID PRICE	
				UNIT PRICE	TOTAL AMOUNT
1	cart.	DUPLO INK DA14, black	6		
2	cart.	TONER (for Lexmark CX510), black	5		
3	cart.	TONER (for Lexmark CX510), cyan	2		
4	cart.	TONER (for Lexmark CX510), yellow	2		
5	cart.	TONER (for Lexmark CX510), magenta	2		
6	cart.	TONER (for Lexmark MX310), black	6		
7	cart.	PHOTOCOPIER TONER, GESTETNER 2501	6		
8	Unit	PHOTOCOPIER IMAGING UNIT IUP 18, black	4		
9	tube	RISO INK, KZ TYPE, black	10		
10	Unit	RISO MASTER, KZ TYPE, B4	9		
11	cart.	TONER, TN 217 (Ineo 213)	10		
12	roll	TRANSFER ROLLER/MASTER KS800 (for Riso), S-3276	10		
		NOTHING FOLLOWS			
				GRAND TOTAL	

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

____
Printed Name / Signature

Canvassed By:

____
Tel. No. / Cellphone No.

____
Authorized Canvasser

____
TIN No. of Establishment

____
Date