

Republic of the Philippines UNIVERSITY OF SOUTHEASTERN PHILIPPINES Physical Development Division

All III		REQUEST FOR QUOTATION				
pany Name:			Date:	Date:		
ss: quote your lowest your quotation dui	price on t y signed b	he items / listed below, subject to the General Condition on the last by your representative not later than		stating the sho	2019-11-1496 test time of delivery	
		3	D	BAC Chairper	GARCIA	
NOTE: 1. All er 2. Deliv		be typewritten. within 30 calendar days.			1 1/10	
3. Warn	anty shall uring entit	be for a period of six (6) months for supplies and materials, one (1) year	for Equipment	, from date of accept	
4. Price	validity sh	all be a period of 30 calendar days.				
		distration Certficate shall be attached upon submission of the Quote				
		ubmit Original Brochures showing certification of the product being y: [] Pick-up (Schedule) [] Door to Door Delivery	offered	(optional).		
ITEM	IO. UNIT	ITEM DESCRIPTION	QTY.		PRICE TOTAL PRICE	
1	lot	Design, Sign, and Seal of Structural Plans and Specifications for the Construction of School of Medicine in USeP Tagum-Mabini Campus				
		Scope of Works:				
		Structural Design Computation Manual				
		Soft Copies (AutoCAD) of Structural Plans and Details				
		Original Copy of Structural Plans and Details printed on tracing paper				
		2 Hard copies of Estimates and Outline Specifications (including soft copy)				
		7 sets of 20x30 Blueprint copies of Structural Plans using USeP standard title block				
		Signing and Sealing of Structural Plans for application of Building Permit, Occupanncy Permit, and As-Built Plans				
		Assistance in filing for Building Permits and other necessary permits				
		Conduct site inspections and attend coordination meetings during construction phase.				
		Provide necessary revisions in Structural plans to suit actual condition, and shall conform and complement with the requirements of other allied services.				
		Nothing Follows				
aving carefully n	ead and a	accepted your General Condition, I / We quote you on the iter	n at pri		ove. ed Name / Signatu	
	horized (Canvaser		Tel. No. / Cellphone No.		
- 1001						
				report of	N of Establishment	

Date