Republic of the PhilippA1:H70nes

UNIVERSITY OF SOUTHEASTERN PHILIPPINES

Obrero Campus, Bo. Obrero Davao City

HEALTH SERVICES DIVISION

Request for Quotation

PR NO. 2020-02-1715

DATE: 2-03-20

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

DR. REYNILO D. GARCIA
BAC- CHAIRMAN
02/3/2020

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	set	Automated external defibrilator	1		
		w/ accessories			
2	pair	AED pads adult	2		
3	pc	AED battery	1		
		nothing follows			
		total			

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

_____
Printed Name / Signature

_____
Tel. No. / Cellphone No.

Canvassed By:

_____
Authorized Canvasser

_____
TIN No. of Establishment

_____
Date