

Republic of the Philippines
UNIVERSITY OF SOUTHEASTERN PHILIPPINES
 Obispo Campus, 80, Obispo Davao City
Planning and Quality Assurance (PQA)
Request for Quotation

PR #: 2019-09-0991
 Date: 13 September 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

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-EPB Registration Certificate shall be attached upon submission of the Quotation.
6. Bidders shall submit Original Brochure showing certification of the product being offered (optional).
7. Mode of delivery: { Pick-up (Schedule) } x { Door to Door Delivery


DR. REYNOLD GARCIA
 BAO Chairman

Item No.	Unit	ITEM AND DESCRIPTION	QTY.	BID PRICE	
				Unit Cost	Total Cost
AACUP Regular Survey Visit on September 29 - October 4, 2019 Room Accommodation					
<i>September 29, 2019</i>					
1	pax	Room for 5	2		
2	pax	Double Room	15		
3	pax	Single Room	1		
<i>September 30, 2019</i>					
4	pax	Room for 5	2		
5	pax	Double Room	15		
6	pax	Single Room	1		
<i>October 1, 2019</i>					
7	pax	Room for 5			
9	pax	Double Room	2		
10	pax	Single Room	15		
			1		
<i>October 2, 2019</i>					
11	pax	Room for 5	2		
12	pax	Double Room	15		
13	pax	Single Room	1		
<i>October 3, 2019</i>					
14	pax	Room for 5	2		
15	pax	Double Room	15		
16	pax	Single Room	1		
<i>October 4, 2019</i>					
17	pax	Room for 5	2		
18	pax	Double Room	15		
19	pax	Single Room	1		
		Includes with Breakfast			
			Total:		

After having carefully read and accepted your General Condition, I / We quote you on the item at prices noted above.
 **NOTHING FOLLOWS.**

Composed By: _____

Printed Name / Signature

Authorized Compressor

Tel. No. / Cellphone No.

TIN No. of Establishment