



UNIVERSITY OF THE PHILIPPINES BAGUIO

SUPPLY & PROPERTY MANAGEMENT OFFICE

Governor Pack Road, Baguio City, Benguet, CAR

TELEFAX: (074) 442 3484, EMAIL: spmo.upbaguio@up.edu.ph

VAT Reg. TIN: 000-864-006-00007

Request for Quotation

Date: 13 September 2019

RFQ No.: 1404

MOP: NP - Small Value Procurement

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, starting the shortest time of delivery and submit your Quotation duly signed by your representative not later than 17 SEPTEMBER 2019 in the return Envelope attached herewith.

Note: 1. All entries must be typewritten and/ or legibly handwritten.

2. Warranty shall be for a period of six (6) months for supplies and materials, one (1) year for equipment, from the date of acceptance by the procuring entity

3. Price validity shall be for a period of 120 calendar days

4. PRICE / QUOTATION MUST BE FREIGHT-ON-BOARD (F.O.B) University of the Philippines Baguio, Baguio City

5. Full payment will be made after complete delivery and acceptance of work and payment is in CHEQUE form

Table with 9 columns: ITEM NO., CODE, GENERAL DESCRIPTION, UOM, QTY, UNIT PRICE, TOTAL PRICE, QUOTED UNIT PRICE per UOM, TOTAL QUOTED PRICE. Row 1: 1, SUPPLY, DELIVERY AND APPLICATION OF 3MM SELF-LEVELING COMPOUND FOR FLOOR COVERING SUBSTRATE AT THE LEVEL 1 OF UPBAGUIO HIMNASYO, LOT, 1, 119,181.10, 119,181.10. Row 2: TOTAL: P 119,181.10

TOTAL QUOTED AMOUNT IN WORDS:

Please quote at your government price (including VAT) and state that the time within which you can make delivery. It will be appreciated if we can have your quotation in the office as soon as possible or on or before the deadline stated herein.

IRENE J. ENRIQUEZ
Chief, SPMO

CHECKLIST OF DOCUMENTARY REQUIREMENTS TO BE SUBMITTED:

- Mayor's/Business Permit
- PhilGEPS Registration Number
- Notarized Omnibus Sworn Statement

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

Name of the Company: Tel. No.:
Address: Fax No.:
Name of Representative: Email Address:
Position:
Signature: Date:

