

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:			October 17, 2019				
			RFQ No.:				1482				
				MOP:			NP - Small Value Procurement				
			- -								
		owest price on the item/s listed below, subject to the General			he last pag	ge, starting	g the shortest time of	f delivery and submit you	r Quotation dul	y signed by your	
Note: 1. A 2. Pr 3. Wa 4. A V	ll entries mus ice validity si arranty period WARRANTY S	st be typewritten and/ or legibly handwritten. hall be for a period of six (6) months d of at least 6 months or better. SECURITY shall be covered by either RETENTION MONE we percent (5%) of the total contract price.			equivaler	nt to at fi	ve percent (5%) of p	oayment, OR a SPECIAL	. BANK GUARA	NTEE	
ITEM NO.	CODE	GENERAL DESCRIPTION	UOM	qty	TECH	NO.	UNIT PRICE	TOTAL PRICE	QUOTED UNIT	TOTAL QUOTED PRICE	
1		SUPPLY, DELIVERY AND INSTALLATION OF FOLDING BLEACHER SEATS at Level 4 of UP Baguio Himnasyo Amianan, details as follows:	LOT	1		10	146,900.00	146,900.00			
		FORTY (40) units High-density polyethylene (HDPE) Indoor sports folding BLEACHER SEATS, floor mounted with 4.5mm guage structural aluminum steel, powder coated finish seat: 457mmW x 600mmD x 480mm Back Rest Height on blow molded HDPE									
		DELIVERY PERIOD: 30 Calendar days from receipt of Notice to Proceed									
		note: supplier will provide sample of color swatches									
							TOTAL:	₱ 146,900.00			
TOTAL QU	OTED AMOU	NT IN WORDS:									
Please possible or o	e quote at your on or before ti	government price (including VAT) and state that the time wine deadline stated herein.	thin whic	th you c	an make c	delivery. It	wiil be appreciated f IRENE JE Chief,	f we can have your quota NRIQUE SPMO	ntion in the offic	e as soon as	
CHECKLI	ST OF DOC	UMENTARY REQUIREMENTS TO BE SUBMITTED:	(non-s	ubmis	sion wil	l make t	he bidder in eligii	ble to bid)			
'- Mayor's/Business Permit '- PhilGEPS Registration Number											
		ous Sworn Statement read and accepted your General Conditions, I/We quote you o	n the Ite	n at or	ices noted	above.					
Name of the			Tel. No.								
Address:		Fax No. :									
Name of Representative:			Email Address:					•			
Position:											
Elenatura			, Del::								