



UNIVERSITY OF THE PHILIPPINES BAGUIO

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Email Address: spmop.upbaguio@up.edu.ph

REQUEST FOR QUOTATION (RFQ)

PROCUREMENT PROJECT: Supply and Delivery of Storage Equipment for VCA Office
Purchase Request No.: 15032
Approved Budget for the Contract: Php 90,000.00

Date: 16 September, 2021
RFQ No.: 2230
MOP: NP-SVP

INSTRUCTIONS:

- Accomplish this RFQ correctly and completely.
- Bidder should attach a copy of the latest Mayor's/ Business Permit, PhilGEPS Registration and Omnibus Sworn Statement.**
- Failure to comply with any of the Technical Specifications will disqualify the quotation.
- Submit your quotation at the Supply and Property Management Office, UP Baguio OR may email at jebagsic@up.edu.ph and cc: spmop.upbaguio@up.edu.ph with RFQ No. as part of the subject NOT LATER THAN 5:00 PM on 21 September, 2021.**
- Failure to follow these instructions will disqualify your entire quotation.

Please quote your lowest government price (including VAT) on the item/s listed below, and state the time of which you can make delivery. The information stated below shall be the basis for the evaluation and calculation of your quotation.

RODOLFO T. SUYAT, JR
Chief, SPMO

ITEM NO.	GENERAL DESCRIPTION	STATEMENT OF COMPLIANCE TO TECHNICAL SPECIFICATIONS (PLEASE CHECK)		UOM	QTY	UNIT PRICE	TOTAL PRICE	QUOTED UNIT PRICE	TOTAL QUOTED PRICE	
		YES	NO							
1	Steel Filing Cabinet, 4 Drawers with Lock, Full Extension Ball Bearing Drawer Slides, Built-in Cardholders, 1 Steel Divider per Drawer, 52" H x 18-1/2" W x 24" D, Gray / Light Gray, Powder Coated (Plain), With Centralized Lock			pc	6	15,000.00	90,000.00			
	-Delivery Period: within 30 calendar days upon receipt of Purchase Order									
	-PLEASE INDICATE WARRANTY OFFERED FOR THE ITEM									
	-xxx Nothing Follows xxx-									
TOTAL:							90,000.00	BID TOTAL:		
TOTAL QUOTED AMOUNT IN WORDS:										

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: _____