

UNIVERSITY OF THE PHILIPPINES

BAGUIO

Governor Pack Road, Baguio City, Benguet, CAR VAT Reg. TIN: 000-864-006-00007

REQUEST FOR QUOTATION

UPB Museo Kordilyera

		Date MAR. 03 2022 RFQ No.: 2417 - PR# MOP: Small Value Procurement								
Please quote your lowest price on the item/s listed below, subject to the General Conditions below, stating the shortest time of delivery and submit your Quotation duly signed by your representative not later than (MAR. 08 2022) in the return envelope attached herewith.										
Note: 1.	Α	Il entries must be typewritten or in print.								
•	-	Ith a war flow a male independent of 20 and a state of								

- 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.

 Price validity shall be for a period of 90 calendar days.
- PhilGEPS Registration Certificate shall be attached upon submission of the quotation (if applicable).
- Bidders shall submit original brochures showing certifications of the product being offered.
- 7. Bidders must indicate the BRAND and MODEL NUMBER offered when appropriate.

Others:

Printing Services

ITEM NO:	GENERAL DESCRIPTION	UOM	100	Compliance with technic specification (Pis. check YES NO	al s UNIT PRICE)	TOTAL PRICE	QUOTED UNIT PRICE	TOTAL QUOTED PRICE
COF (fold Cove 1 lamin coate Offse	int of AGABEL TAYO! DITEX Learning Tool Kit 7"x 9" ed size) 124 pages inc. cover er: Foldcote cal. 12 Matte nated with Spot UV Inside: Matte ed 90 GSM Full colors CTP et Printing Smythe Sewn Perfect ut ready	рс	500		PHP 450.00	PHP 225,000.00		
TOTAL QUO								

Please quote at your government price (Including VAT) and state 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 on or before the deadline stated herein.

RODOLFOT. SWAT
ADMINISTRATIVE OFFICER III

Afte	r having carefully rea	ad and accepted your General Condition	ons, I/We quote you on	the items at prices noted above.
Name c	of the Company:		Tel. No. :	
Addres	s:		Fax No.:	
Name o	of Representative:		Email Address:	
Positio	n:		Date:	
Sign	ature:		•	
-	1	•	,	