

REQUEST FOR QUOTATION
Western Mindanao State University

Quotation No.: _____

PR No.: 25-09-402

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than **NOV 04 2025** at 9:30 A.M. in the return envelope attached herewith. Any quotation submitted beyond this date will not be considered.

JOSELITO D. MADROÑAL, DPA
BAC Chairperson for GOODS

NOTE:

- 1 ALL ENTRIES MUST BE TYPEWRITTEN
- 2 DELIVERY PERIOD _____ CALENDAR DAYS UPON RECEIPT OF THE 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 WESTERN MINDANAO STATE UNIVERSITY
- 4 PRICE VALIDITY SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS UPON RECEIPT OF THE PURCHASE ORDER
- 5 G-EPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION
- 6 BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED

Item No.	Qty	Unit	Item and Description	Approved Budget for the Contract (ABC)	Unit Cost	Total Cost
1.	2	units	Flat Iron . Good quality, Heavy Duty . 220 V, 60 Hz. 750.00/units.	P 1,500.00		
2.	2	pcs	Ironing board with safety iron rest . Foldable with metal stand and height adjustment . Good Quality. 1,200.00/pcs.	P 2,400.00		
3.	4	units	Electric Fan . 16" Banana blade . stand type, adjustable height . Good Quality. 1,500.00/units.	P 6,000.00		
			Note: For the Garment Shoppe of the University			

Total: _____

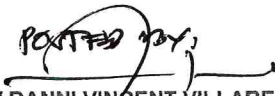
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EPS Reference Number : _____
EPS Solicitation Number : _____
EPS Closing Date : _____

Brand & Model : _____
Delivery Period : _____
Warranty : _____
Price Validity : _____

After having carefully read and accepted your General Conditions, the foregoing are our price quotation for the items above indicated.

PhilGEPS Certificate No.: _____
Certificate Reference No.: _____


REY ESPIRITUSANTO / DANNI VINCENT VILLAREAL
Canvasser

Printed Name/Signature

Tel .No./Cellphone #

Date