



Republic of the Philippines
WESTERN MINDANAO STATE UNIVERSITY
 Normal Road, Baliwasan, Zamboanga City 7000



REQUEST FOR QUOTATION
 Western Mindanao State University

Quotation No.: _____

PR-26-03-106

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 APR 14 2026 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 SUPPLIERS SHALL SUBMIT THEIR REQUEST FOR QUOTATION (RFQ) **DULY SIGNED IN A SEALED MAIL/BROWN ENVELOPE**
- 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.	1	set	SOFA SET <i>Modern Walnut Wood</i> <i>1 piece 3 seater</i> <i>2 pcs 1 seater</i> <i>1 piece center table</i> <i>Please see attached sample design..</i> <i>33,069.90/set.</i>	P 33,069.90		
NOTE: FOR THE SPPO						
Total: _____						

1 of 1

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