



Republic of the Philippines  
**WESTERN MINDANAO STATE UNIVERSITY**  
Zamboanga City  
Telephone No.: 062-991-7875  
[www.wmsu.edu.ph](http://www.wmsu.edu.ph)



## REQUEST FOR QUOTATION

The Western Mindanao State University, through its Bids and Awards Committee (BAC), is inviting PhilGEPS registered suppliers to apply for eligibility and to submit bids for the item mentioned hereunder:

Name of Project: **Procurement of Oxygen Tank for the Feed Fermentation Project of this University**

Approved Budget Cost: **Php 12,000.00**

Purchase Request No.: **PR 24-05-229**

Closing Date: **June 19, 2024 @ 9:30 AM**

Description:

- 1. One (1) Cylinder of OXYGEN TANK**  
**-with content and regulator**  
**-50kgs capacity**

**NOTE:**

**Delivery will be at WMSU Campus C, College of Agriculture, San Ramon, Zamboanga City**

The criteria to be used for the eligibility check of the prospective bidders, examination and evaluation of bids, post-qualification and all matters relevant to this procurement shall be in accordance with Republic Act. No. 9184 (The Government Procurement Reform Act) and its Implementing Rules and Regulations.

Interested bidders are required to submit their valid and current Mayor's Permit and PhilGEPS Registration, upon the submission of quotation.

Award of contract shall be made to the lowest calculated and responsive bid, which complies with the necessary description as stated above and other terms and conditions stated in the price quotation form.

Any interlineations, erasures or overwriting shall be valid only if they are signed or initiated by the bidder or his/her duly authorized representative/s.

Submission of Quotation and eligibility documents is on or before **June 19, 2024** at the BAC Office, 2<sup>nd</sup> Floor, Admin Building, Western Mindanao State University, Normal Road, Baliwasan, Zamboanga City. Open submission may be submitted manually, email ([bacsecretariate@wmsu.edu.ph](mailto:bacsecretariate@wmsu.edu.ph)) or through facsimile at (062)991-7875.

For inquiries, you may coordinate with the BAC Secretariat at telephone no. (062)991-7875

# REQUEST FOR QUOTATION

## Western Mindanao State University

Quotation No.: \_\_\_\_\_

PR No.: **24-05-229**

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 JUN 19 2024 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.	1	Cylinder	<b>OXYGEN TANK</b> <b>-with content and regulator</b> <b>-50kgs capacity</b>  <b>NOTE:</b> <i>Delivery will be at WMSU Campus C, College of Agriculture, San Ramon, Zamboanga City</i>	₱ 12,000.00		

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Total: \_\_\_\_\_

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 / JORGE CONCEPCION / RALPH JUDE LLACUÑA**  
 Canvasser

\_\_\_\_\_  
 Printed Name/Signature  
  
 \_\_\_\_\_  
 Tel .No./Cellphone #  
  
 \_\_\_\_\_  
 Date