



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 Office Furniture for SERDAC of this University**

Approved Budget Cost: **Php 78,000.00**

Purchase Request No.: **PR 24-05-235**

Closing Date: **June 18, 2024 @ 9:30 AM**

Description:

1. Seven (7) pieces of VISITOR'S CHAIR

Specifications:

Midback Visitors Chair - Mesh Backrest, Padded Fabric Seat, PVC Armrests, with Chrome Plated Steel Bruer Legs

2. Ten (10) pieces of CONFERENCE CHAIR

Specifications:

Midback Mesh-Type Office Chair with Padded Fabric Seat, Fixed Armrests, Pneumatic Gaslift, Chrome Plated Steel Legs, and Nylon Caster Wheels

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 18, 2024** at the BAC Office, 2nd Floor, Admin Building, Western Mindanao State University, Normal Road, Baliwasan, Zamboanga City. Open submission may be submitted manually, email (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.: **24-05-235**

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 18 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.	7	pcs	VISITOR'S CHAIR <i>Specifications: Midback Visitors Chair - Mesh Backrest, Padded Fabric Seat, PVC Armrests, with Chrome Plated Steel Bruer Legs</i>	28,000.00		
2.	10	pcs	CONFERENCE CHAIR <i>Specifications: Midback Mesh-Type Office Chair with Padded Fabric Seat, Fixed Armrests, Pneumatic Gaslift, Chrome Plated Steel Legs, and Nylon Caster Wheels</i>	50,000.00		

PAGE 1 Of 1

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