REQUEST FOR QUOTATION Western Mindanao State University

Quotation No.: ___

PR No.: 25-06-272

JOSELITO D. MADROÑAL, DPA BAC Chairperson for GOODS

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 11IN 1 5 2025 at 9:30 A.M. in the return envelope attached herewith. Any quotation submitted beyond this date will not/be considered.

NOTE:

ALL ENTRIES MUST BE TYPEWRITTEN 1

- ALL ENTRIES MOST BE TTPEWRITTEN DELIVERY PERIOD ______ CALENDAR DAYS UPON RECEIPT OF THE PURCHASE ORDER. 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 PRICE VALIDITY SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS UPON RECEIPT OF THE PURCHASE ORDER G-EPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED 2 3
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ltem No.	Qty	Unit	Item and Description	Approved Budget for the Contract (ABC)	Unit Cost	Total Cost
1.	98	pcs	Printing of Working Drawings 20" x 30" tracing paper for the following projects: 1. Repair and Renovation of University Library, Roof, Ground floor, Second Floor and Third Floor with Provision for Furniture and Fixture 2. Improvement of the Western Mindanao State University College of Medicine. 130.00/pcs. Total of 12,740.00	P12,740.00		
			Note: For the (PHYSICAL PLANT AND ENGINEERING SERVICES) of the University			
					Total:	

of 1

PS 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 ESPIRITUSA	NTO / JORGE CONCEPCI	AREAL	Printed Name/Signature						
	Canvasser			Tel .No./Cellphone #					
				Date	· · · · · · · · · · · · · · · · · · ·				