

REQUEST FOR QUOTATION
Western Mindanao State University

Quotation No.: _____

PR No.: **25-07-337**

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 **AUG 20 2025** at **9:30 A.M.** in the return envelope attached herewith. Any quotation submitted beyond this date will not be considered.

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

JOSELITO D. MADROÑAL, DPA
BAC Chairperson for GOODS

Item No.	Qty	Unit	Item and Description	Approved Budget for the Contract (ABC)	Unit Cost	Total Cost
1.	1	set	SUPPLY, DELIVERY AND INSTALLATION OF ROLL-UP DOORS 3.00m x 2.60m Colored Roll-up Door with Manual Spring Type and Center Post . . 13,500.00/set..	P13,500.00		
2.	1	set	SUPPLY, DELIVERY AND INSTALLATION OF ROLL-UP DOORS 5.00m x 1.80m Colored Roll-up Door with Manual Spring Type and Center Post. 15,000.00/set.	P15,000.00		
			Note: For the WATER REFILLING STATION of the University			

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 / DANNI VINCENT VILLAREAL
Canvasser

Printed Name/Signature

Tel .No./Cellphone #

Date