

REQUEST FOR QUOTATION
Western Mindanao State University

Quotation No.: _____

PR No.: **25-07-337(REBID)**

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 **OCT 07 2025** at **9:30 A.M.** in the return envelope attached herewith. Any quotation submitted beyond this date will not be considered.

JOSELITO D. MADRONAL, 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	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			
					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