## REQUEST FOR QUOTATION Western Mindanao State University

| ************ |                                    |   |   | Quo   | otation No.: _                     | - Control of the Cont |  |
|--------------|------------------------------------|---|---|---|------------------------------------|--|--|
| -            |                                    |   |   | PR No: 25-11-499  |                                    |  |  |
|              | ortest tim                         | e of delivery   | our lowest price on the item/s listed below, subject to the G<br>and submit your quotation duly signed by your representation<br>rn envelope attached herewith. Any quotation submitted be  | ive not later than  |                                    | TOTAL CONTROL  |  |
| NO           | DTE:                               |   |   |   | D. MADROÑ<br>irperson for G        |  |  |
|              | 2 DE<br>3 W/<br>DA<br>4 PF<br>5 G- | ELIVERY PER<br>ARRANTY SH<br>ATE OF ACCE<br>RICE VALIDIT<br>EPS REGISTI | ALL SUBMIT THEIR REQUEST FOR QUOTATION (RFQ) DULY IOD CALENDAR DAYS UPON RECEIPT OF THE PURC ALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES AN PTANCE BY WESTERN MINDANAO STATE UNIVERSITY Y SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS UPON I RATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSI L SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATION | HASE ORDER.<br>ID MATERIALS. ONE (<br>RECEIPT OF THE PUR<br>ON OF THE QUOTATI | 1) YEAR FOR E<br>RCHASE ORDE<br>ON | EQUIPMENT, FROM<br>R   |  |
| tem<br>No.   | Qty                                | Unit  | Item and Description  | Approved Budget<br>for the Contract<br>(ABC)                                  | Unit Cost                          | Total Cost   |  |
| L.           | 6                                  | box   | SIGN PEN, 0.5MM GEL PEN 12PCS/BOX.<br>300.00/box.   | P 1,800.00  |                                    |  |  |
| 2.           | 50                                 | pcs   | FOLDER, SIZE:A4, COLOR: WHITE, ORDINARY. 10.00/pcs.   | P 500.00  |                                    |  |  |
| 3.           | 10                                 | box   | PENCIL - NO. 2, SIZE: MEDIUM, 12PCS/BOX.<br>150.00/box.   | P 1,500.00  |                                    |  |  |
| 1.           | 10                                 | pcs   | CORRECTION TAPE (8M-TAPE LENGTH). 70.00/pcs.  | P 700.00  |                                    |  |  |
| 5.           | 10                                 | PCK   | STICKY NOTES, SIZE: 3X3, 100 SHEETS.<br>100.00/PCK.   | P 1,000.00  |                                    |  |  |
| 5.           | 5                                  | pcs   | PUNCHER, BIG, 2 HOLE, COLOR: BLUE.<br>450.00/pcs.   | P 2,250.00  |                                    |  |  |
| 7.           | 20                                 | BOXES   | STAPLE WIRE, STANDARD, #35. 90.00/BOXES.  | P 1,800.00  |                                    |  |  |
| 3.           | 5                                  | piece   | STAPLERS #35. 350.00/piece.   | P 1,750.00  |                                    |  |  |
| Э.           | 5                                  | box   | FASTENER BY 50'S, PLASTIC. 45.00/box.   | P 225.00  |                                    |  |  |
|              |                                    |   | NOTE: RDEC of the University  |   |                                    |  |  |
|              |                                    |   | 1 o   | f 1   | Tota                               | al:  |  |
| EF           | PS Solicita                        | nce Number<br>tion Number   | ·   | Brand & Model :<br>Delivery Period :<br>Warranty :<br>Price Validity :        |                                    |  |  |
| EF           | PS Closing<br>Af                   |   | :efully read and accepted your General Conditions, the foregoing ar   | e our price quotation fo  | r the items abov                   | ve indicated.  |  |
|              |                                    |   |   | PhilGEPS Certificate No.: Certificate Reference No.:                          |                                    |  |  |
|              | RI                                 | Y ESPIRITUS   |   | Printed Name/Signature  |                                    | ature  |  |
|              |                                    |   | Canvasser   | Tel   | .No./Cellphone                     | #  |  |
|              |                                    |   |   | Date  |                                    |  |  |