

REQUEST FOR QUOTATION
Western Mindanao State University

Quotation No.: _____

PR-26-01-025

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 FEB 10 2026 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 SUPPLIERS SHALL SUBMIT THEIR REQUEST FOR QUOTATION (RFQ) **DULY SIGNED IN A SEALED MAIL/BROWN ENVELOPE**
- 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.	4	units	Electric Fan, Stand type 16 inchess, Plastic blade, 220V. 1,900.00/units.	P7,600.00		
2.	2	units	High Back Executive Chair - leatherette back and seat - chrome plated starbase - padded armrest - reclining mechanism - color: color 7,500.00/units. <i>Please see attached sample design.</i>	P15,000.00		
NOTE: University Health Services						

Total: _____

1 of 1

EPS Reference Number: _____

Brand & Model: _____

EPS Solicitation Number: _____

Delivery Period: _____

EPS Closing Date: _____

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 ESPIRITU SANTO / DANNI VINCENT VILLAREAL
Canvasser

Printed Name/Signature

Tel .No./Cellphone #

Date