

REQUEST FOR QUOTATION
Western Mindanao State University

Quotation No.:

PR-26-01-030

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. MADRONAL, 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

Table with 6 columns: Item No., Qty, Unit, Item and Description, Approved Budget for the Contract (ABC), Unit Cost, Total Cost. It lists 6 items including Ambu Bag, Blood Pressure Apparatus, Collapsible stretcher, Glucometer, Hospital Bed with Mattress, and Mechanical Physician Scale.

EPS Reference Number :
EPS Solicitation Number :
EPS Closing Date :

1 of 2

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

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Table with 6 columns: Item No., Quantity, Unit, Description, Price, and Remarks. Rows include items like Medical Oxygen tank, Medical Oxygen Mask, Nebulizer Machine, Pulse oximeter, and Wheelchair. A note at the bottom states 'NOTE: University Health Services'.

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EPS Solicitation Number : _____
EPS Closing Date : _____

Brand & Model : _____
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