REQUEST FOR QUOTATION

Name of Address	f Establis :	hment:		- -	
Sir/Mada	am:				
Please quote your lowest price on the item/s listed below, subject to the general condition below stating the shortest time of delivery and submit your quotation duly signed by your representative not later than 99 September 2020 in the returned envelope attached herewith: MILAGROS C. ADDURU Chair, Regional Bids and Awards Committee					
Qty.	UOM	ITEM AND DESCRIPTION	Approved Budget for the Contract	PER UNIT	3id Amount TOTAL
355	or use d piece	Procurement of Celle uring the 2020 Census of Population and Housing (202 Cellcards Smart / TM / Globe Cell Cards		in the Prov	ince of Quirino
Note: - Price Inclusive of VAT			Delivery Period: Warranty: Price Validity		
Afte	er having	carefully read and accepted your General Conditions, I/We	e quote you on the iten	n at prices no	oted above.
MARISON S. YOMBOY Canvasser			Printed Name/Signature		
			Tel. No./Cellphone No.		
			Date		