

| Item No. | Item/s and specification/s (minimum) | Unit | Qty | Approved Budget for the Contract (ABC) per unit | Unit Price (in Peso) Please indicate your offer/price here. | Total Amount (VAT inclusive) | Compliance with Technical Specifications (please check) | |
|----------|--------------------------------------------------------------------|-------|-----|-------------------------------------------------|-------------------------------------------------------------|------------------------------|---------------------------------------------------------|----|
| | | | | | | | YES | NO |
| | PHOTOPAPER, glossy, A4, fine quality, 20's/pack | pack | 35 | 120.00 | | | | |
| | PVC, ID Jacket, 15x10cm | pc | 137 | 13.00 | | | | |
| | PVC, ID maker, A4 | box | 1 | 1,300.00 | | | | |
| | RECORD BOOK, 500 pages, 214mmx278mm | pc | 10 | 100.00 | | | | |
| | Ring binder, 1" | pc | 6 | 25.00 | | | | |
| | Ring binder, 1/2" | pc | 6 | 12.00 | | | | |
| | SHARPENER, plastic | pc | 6 | 50.00 | | | | |
| | SIGN PEN, BLACK, liquid/gel ink, 0.5mm needle tip | piece | 160 | 36.61 | | | | |
| | SIGN PEN, BLUE, liquid/gel ink, 0.5mm needle tip | piece | 20 | 36.61 | | | | |
| | SIGN PEN, RED, liquid/gel ink, 0.5mm needle tip | piece | 32 | 36.61 | | | | |
| | SHOELACE, flat, length: 60in., black | pc | 180 | 20.00 | | | | |
| | STAPLE Wire Remover, plier type | pc | 12 | 46.00 | | | | |
| | STAPLE WIRE, for heavy duty staplers, #35 | box | 12 | 100.00 | | | | |
| | STAPLE WIRE, for heavy duty staplers, (23/13) | box | 5 | 21.87 | | | | |
| | STAPLER, BINDER TYPE, heavy duty, desktop | unit | 2 | 950.00 | | | | |
| | Sticker paper, long, white, matte/non-glossy | pack | 10 | 45.00 | | | | |
| | Tape, double sided, 1"x50 mtrs. | roll | 7 | 50.00 | | | | |
| | Tape, double sided, 2"x50 mtrs. | roll | 7 | 100.00 | | | | |
| | Transparency film, A4 | box | 1 | 500.00 | | | | |
| | Transparent Storage box, Plastic, with wheels, thick, good quality | pc | 4 | 1,000.00 | | | | |
| | TWINE, plastic, 1kg | roll | 5 | 73.00 | | | | |

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|----------|------------------------------------------------------------------------------------------------------------------|------|-------|-------------------------------------------------|-------------------------------------------------------------|------------------------------|---------------------------------------------------------|-----|
| | | | | | | | YES | NO |
| | Mode of Payment: SEND BILL Arrangement or 15-30 working days after receipt of the billing statement | | | | | | () | () |
| | Price quotation/s validity: Must be valid for a period of thirty (30) calendar days from the date of submission. | | | | | | () | () |
| | TOTAL AMOUNT IN WORDS : _____ _____ | | | | | | | |

Other Requirements:

After having carefully read and accepted your Terms and Conditions. I/We quote you on the item at prices noted above.

Printed Name of authorized representative/Signature_____

Position: _____

Name of Company _____

TIN #: _____ (Please specify if VAT or NON-VAT)

Address: _____ Email Address: _____

Fax No. _____ Tel No.: _____ Cellphone No. _____

Date: _____