

REQUEST FOR QUOTATION

Name of Establishment: Address:				- -		
Sir/Madar	m:					
Pleas duly signe	se quote your lowes ad by your represent	t price on the item/s listed below, subject to the general condition belo ative not later than <u>07 July 2023</u> in the returned envelope attached he	erewith:	M		
			<u> </u>	R. ROSE Q. PAC	SAY	
			Chairman, Region	nal Bids and Awa	ards Committee	
Qty.	UOM		Approved Budget for		d Amount	
-			the Contract	PER UNIT	TOTAL	
SUPPL	Y AND DELIVERY	OF OFFICE SUPPLIES TO BE USED FOR THE PRINTABLE PHIL	ID AND COVID-19 RESP	ONSE ITEMS F	OR PSA CAGAYAN	
		OFFICE SUPPLIES				
100	ream	Bondpaper, (Paper One*) 100 gsm				
		Size: 210 x 297 mm				
100	box	Plain White Mailing Envelope				
		Size: 9.48" x 4.13				
107	box	Surgical Mask, 3Ply Disposable				
154	bottle	Alcohol, Ethyl, 70% 500 ml		+		
			-			
			_			
			PHP 114,285.00			
			_			
			- -			
			1	+		
			1	 		
			1			
TOTAL			-			
	I					
				TOTAL _		
Note:	 Supplier must s Prices and spec No payment sha delivery shall be Prices inclusive 		g offered. /10 of 1% of each day of c	lelay in the		
				Printed Name/S	ignature	
CONRADO A. DECENA				Tel. No./Cellpho	one No.	
	Canvasser					