

REQUEST FOR QUOTATION

Name of Address	of Establi s:	shment:				
Sir/Mad	dam:					
Ple your qu	ease quoi	e your lowest price on the item/s listed below, subject to the general culy signed by your representative not later than 14 December 2020 in the	ne returned envelope attac	ched herewith: Of June BROS C. ADDUR	U	
Qty.	UOM	ITEM AND DESCRIPTION	Approved Budget for		Amount	
		SUPPLY AND DELIVERY OF OFFICE SUPPLIES FOR THE P REGIONAL STATISTICAL SERVICES OFFI		PER UNIT AUTHORITY	TOTAL	
20	pack	Battery AAA (pack of 2)				
20	ream	Bondpaper A4				
20	ream	Bondpaper Long 8.5" x 13"				
5	pack	Tissue 12's				
20	cart	HP Printcart 85A	DI D440 000 00			
20	рс	HP Ink 678 Black	PhP116,000.00			
20	box	Paperclip 32/33mm				
20	box	Paperclip Jumbo 48mm				
20	bot	Insect Spray 600ml				
10	bot	Air Freshener				
Note: 1. Delivery period is within five calendar days from receipt of the Notice to Proceed (NTP) 2. Supplier must state and/or indicate the brand and warranty of each item/product being offered 3. Prices and specifications for the bid should be valid for 60 days 4. No payment shall be made until full delivery of item/s is/are completed. A penalty of 1/10 of 1% of each day of delay in the delivery shall be improved 5. Prices inclusive of VAT						
Afte	er having	carefully read and accepted your General Conditions, I/We quote you o	n the item at prices noted	above.		
			Р	Printed Name/Signature		
PILAR Q. ADARME			T	Tel. No./Cellphone No.		
	Canva			Date		