

## REQUEST FOR QUOTATION

Name of Address	f Establis	shment:				
Sir/Mada	am:					
		e your lowest price on the item/s listed below, subject to the general co uly signed by your representative not later than <u>04 May 2021</u> in the retur	ned envelope attached he	erewith:	URU	
Qty.	UOM		Chairman, Regions  Approved Budget for	В	id Amount	
		SUPPLY AND DELIVERY OF TRAINING MATERIALS FOR R	the Contract	PER UNIT	TOTAL	
		RE: PROCESSING OF POST-CENSUS MAP FOR THE PHII REGIONAL STATISTICAL SERVICES OFFICE	LIPPINE STATISTICS AU			
81	рс	BAG (soft fabric, bagpack design) with PSA Logo and activity design				
19	pc	BAG (executive) with PSA Logo and activity design	PhP139,350.00			
230	рс	T-SHIRT with PSA Logo and activity design				
TOTAL						
<ol> <li>Note: 1. Delivery period is within 20 calendar days from receipt of the Notice to Proceed (NTP)</li> <li>2. Supplier must state and/or indicate the brand and warranty of each item/product being offered</li> <li>3. Prices and specifications for the bid should be valid for 60 days</li> <li>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</li> <li>5. Prices inclusive of VAT</li> </ol>						
Afte	er having	carefully read and accepted your General Conditions, I/We quote you o	n the item at prices noted	above.		
	Printed Name/Signature					
RONALD T. LIZARDO			Tel. No./Cellphone No.			
	Canv	asser	Date			