Provincial Government of La Union

Standard Form No.: SF-GOOD-60
Revised on May 24, 2004
Standard Form Title: **Request for Quotation**

Project Reference No. _____
Name of Project _____
Location of Project _____

Date: _____

Quotation No. 23 - 021

Company Name:
Address: _____

Approved Budget: **P 74, 600.00**

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the note below, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than **10:00AM** on _____ in an **envelope duly sealed or through email**

REGSIE A. ESTRELLA
BAC CHAIRPERSON / Procurement Officer

NOTE:

1. ALL ENTRIES MUST BE TYPEWRITTEN OR PRINTED
2. DELIVERY PERIOD MUST BE WITHIN THIRTY (30) CALENDAR DAYS FROM DATE OF RECEIPT OF PURCHASE ORDER
3. WARRANTY SHALL BE A PERIOD OF SIX (6) MONTHS FOR SUPPLIES AND MATERIALS & ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY
4. PRICE VALIDITY SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS
5. PHIL-GEPS REGISTRATION, CERTIFICATE/NUMBER SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION
6. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES WITH CERTIFICATIONS OF THE PRODUCT BEING OFFERED, IF NEEDED
7. QUOTATION SHOULD BE INCLUSIVE OF APPLICABLE WITHOLDING TAX RATES ON GOVERNMENT MONEY PAYMENTS
8. INDICATE BRAND OF ITEMS QUOTED
9. **ANY INTERLINEATIONS, ERASURES OR OVERWRITING SHALL BE COUNTERSIGNED BY THE BIDDER.**
10. **TO BE AWARDED AS ONE (1) CONTRACT (ALL ITEMS TO BE QUOTED)**

ITEM	QUANTITY	UNIT OF ISSUE	ITEM DESCRIPTION	ESTIMATED UNIT COST	ESTIMATED TOTAL COST
1	8	pcs	GI Pipe Gauge 40, 20 FT		
			Solar Integrated Lights		
2	2	pcs	100 watts		
3	3	pcs	150 watts		
4	3	pcs	200 watts		
			xxxxxxx Nothing Follows xxxxxx		
			TOTAL		

OPG/POPS

BAC-006-0

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

Government Tax Chart:
Services : EWT 2% + (VAT 5% or NON-VAT 3%)
Goods : EWT 1% + (VAT 5% or NON-VAT 3%)
Media : EWT 2% + (VAT 5% or NON-VAT 3%)

_____
Signature over Printed Name

Tel. No./ Mobile No./E-mail Address _____