

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: 11 FEB 2022

Quotation No. 23 - 055

Company Name: _____
 Address: _____
 Approved Budget: P 585, 800.00

Please quote your lowest price on the items 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 11 FEB 2022 in an **envelope duly sealed or through email**


RESSE 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-IGERS 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 WITHHOLDING TAX RATES ON GOVERNMENT MONEY PAYMENTS
 8. INDICATE BRAND OF ITEMS QUOTED
 9. ANY INTERLINEATIONS, ERASURES OR OVERWRITING SHALL BE COUNTERSIGNED BY THE BIDDER.

ITEM	QUANTITY	UNIT OF ISSUE	ITEM DESCRIPTION	ESTIMATED UNIT COST	ESTIMATED TOTAL COST
1	202	pc	Eye-glasses (Kryptok Lens with Frame) included with computerized eye examination, hard case, cord & wiper xxxxxxxx Nothing Follows xxxxxx		
TOTAL					
PSWDO					

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%)

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

Signature over Printed Name