Standard Form Title : Request for Quotation

Date:
OBR NO: 200-2022-11-000310
11/11/2022

_____

_____

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than _____ in the return envelope attached herewith.

JOCELYN E. CANTRE
General Services Officer

Note:
1. ALL ENTRIES MUST BE TYPEWRITTEN
2. DELIVERY PERIOD WITHIN _____ CALENDAR DAYS
3. WARRANTY SHALL BE FOR THE PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1)
4. PRICE VALIDITY SHALL BE FOR A PERIOD OF _____ CALENDAR DAYS
5. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED

QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	AMOUNT
50	pcs	prepaid load card		

Brand and Model : _____
Delivery Period : _____
Warranty : _____
Price Validity : _____

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

_____
Printed Name/Signature