00
ntle: Request for Quotation

Project Reference No.				
Name of Project: Printing Materials				
Location of Project: Different Offices				

Date: Nov. 10,2022

OB. R. NO. 200-2022-11-012606

11/7/2022

200-2022-11-012441/11-04-2022

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.

General Services Officer

	_	•	_	-
N	$\boldsymbol{\alpha}$	т	0	•

- 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
		CITY HEALTH OFFICE		
2	ream	Letterhead with Logo, A4		
1	ream	Letterhead with Logo, Long		
1 box		Envelope with logo, long, 500's		
		CMO-ADMIN. DIVISION		
10	pads	DESK PAD		
		Materials: Cannon Laid 85g Ivory		
		Size: 8.5 x 5.5		
		Colored Logo		
		100 pcs / pad		
		Assert		
		TOTAL:		

Brand and Model	:
Delivery Period	
Warranty	:
Price Validity	: