



REQUEST FOR QUOTATION

(Goods & Services)

Company Name/TIN: _____
 Business Address: _____

Date: July 28, 2024
 PR No: _____

Please quote your lowest price on the item/s listed below, subject to the terms and conditions stipulated, and submit your quotation duly signed by your representative not later than **July 31, 2024; 09:00 A.M** in the return envelope to the BAC Secretariat, DSSC, Matti, Digos City, or email to psu@dssc.edu.ph.

TERMS AND CONDITIONS:

1. **Delivery period:** 2 calendar days from receipt of the purchase order.
2. **Warranty:** 3 months for supplies & materials; 1 year for equipment from date of acceptance by the Procuring Entity.
3. **Price validity:** 120 calendar days
4. **Documentary requirements:** PhilGEPS Reg. Number, Mayor's Permit, SEC/DTI Cert., BIR Cert. of Reg., Omnibus Sworn Statement, & Income/Business Tax Return (For ABCs above P500K)
5. The Approved Budget for the Contract for this procurement is, **Php 5,124.00**


RACHEL R. YONTING
 Procurement Service Unit Head/BAC Secretariat

Item No.	Qty.	Unit	Item Description	ABC per Item	Unit Cost	Total Cost
1	6	pcs	Permanent markers, color Black, fine	47.00		
2	2	pcs	Scotch tape - big	67.00		
3	10	pcs	cartolina (white)	14.00		
4	10	pcs	Manila paper	8.00		
5	6	pcs	scissors	27.00		
6	1	pack	straw	97.00		
7	1	pack	pingpong balls	152.00		
8	6	pcs	yarn	17.00		
9	70	pcs	ID holder landscape type	37.00		
10	3	bottle	Wine with paperbag	355.00		
11	1	pcs	Tarpaulin (4 x 8 size)	320.00		
GRAND TOTAL:						

Delivery Period: _____
 Warranty : _____
 Price Validity : _____



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ISSUE STATUS	REV. NO.	EFFECTIVE DATE	PAGE NO.
01	00	09.01.2022	1 of 1

After having carefully read and accepted your General Conditions, I/We quote you on the item/s at prices noted above. If the space for delivery period, warranty, and price validity are left blank, it means that I/ We concur with the terms and conditions specified by the Davao del Sur State College (DSSC).

Canvasser

Printed Name and Signature

Contact Details:

Landline: _____

Mobile No. _____

E-mail address: _____

Date signed: _____