

Republic of the Philippines
Province of Davao Occidental
MUNICIPALITY OF MALITA

Standard Form Number: SF -GOOD-60

Revised on : May 24,2004

Standard Form Title: REQUEST FOR QUOTATION

Date : _____

Quotation No. : _____

PR # _____

Company Name : _____
Address : _____

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


ANALIZA A. CONDINATO

BAC Chairperson

- Note
1. All entries must be typewritten
 2. Delivery Period within **10 days** calendar days
 3. Warranty shall be for the period six (6) months for supplies & materials, one (1) year for Equipment from date of acceptance by the procuring entity.
 4. Price validity shall be for the period of **90 days** calendar days.
 5. G-EPS Registration Certificate shall be attached upon submission of the Quotation.
 6. Bidders shall submit Original Brochures showing certifications of the product being offered.

ITEM NO.	QTY.	UNIT OF ISSU	ITEM & DESCRIPTION	ESTIMATED COST	TOTAL
1	40	piece	Arc file, 2 rings on top, horizontal, long		
2	10	box	Ballpen, black, 50/pcs box		
3	600	piece	Envelope, brown, legal size		
4	600	piece	Folder, legal size		
5	12	bottle	Ink refill, 003, genuine, black, L3210		
6	8	bottle	Ink refill, 003, genuine, yellow, L3210		
7	8	bottle	Ink refill, 003, genuine, magenta, L3210		
8	8	bottle	Ink refill, 003, genuine, cyan, L3210		
9	200	rolls	printer ribbon, refill, LQ310		
10	30	ream	Paper, Multi-Purpose(Copy) A4, 70gsm, 500 sheets		
11	40	ream	Paper, Multi-Purpose(Copy), Legal size, 70gsm, 500 sheets		
12	10	box	Sign pen, black, liquid/gel ink, 0.5mm needle tip/12		
13	30	box	paper fastener, plastic, 7cm, 50 sets/box		

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 prices noted above.

Printed Name and Signature

Tel. No. / Cellphone No.

Date