Presidential Management Staff
PMS Building Arlegui Street
San Miguel Manila

Telephone No. 8733-4861
Fax No. 8733-4871

REQUEST FOR QUOTATION

Date: 01-Oct-20
Quotation No.

_____
_____
_____

Dear Sir/Madam:

Please quote your lowest price on the item/s listed below, subject to the General Conditions, stating the shortest time of delivery and the warranty period, as applicable. Please submit your quotation duly signed by your representative not later than _____6 October 2020, 12:00 PM_____

DOLORES D. KAHANAP
Chief, Procurement Division

General Conditions:

1. All entries must be typewritten or legibly written
2. Delivery period must be within 7 day/s (working days)
3. Warranty shall be for a period of _____ (months/years)
4. Price validity must be within thirty _____ (working days)
5. Payment shall be processed upon completion of delivery and acceptance by PMS
6. Please submit brochures showing specifications of product being offered, as applicable.
   (FAILURE TO DO SO WILL MEAN DISQUALIFICATION OF YOUR PROPOSAL)

ITEM NO.	ITEM & DESCRIPTION	QTY.	UOM	UNIT PRICE	TOTAL
1	Hyper Purifying Breathing Mask (Large)	1000	pcs.		
2	Hyper Purifying Breathing Mask (Small)	1000	pcs.		
	PR 2020-09-0464				
	**For price quotations (preferably email) and any inquiries,*				
	please look for Ms. Paula Bianca de Mesa				
	Contact details:				
	Email: paula.demesa@pms.gov.ph				
	Telefax : 8733 4861/71				
	Delivery Address: 683 AAP Tower, Aurora Blvd., Brgy. Mariana, Quezon City				

After having carefully read and accepted your General Conditions, I/We hereby quote you on the item/s at prices noted above.

_____
Company/Name

_____
Tel. No./Cellphone No.

_____
Printed Name/Signature

_____
Date