Presidential Management Staff
PMS Building Arlegui Street
San Miguel Manila

Telephone No. 8733 4861/71
Fax No. 8733 4861/71

REQUEST FOR QUOTATION

Date: 25 September, 2020
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 30 September 2020, 6:00 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 (calendar days)
3. Warranty shall be for a period of _____ (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	Pen Highlighter Asstd. Colors	150	pcs		
2	Masking Tape 1"	100	rolls		
3	Masking Tape 2"	100	rolls		
4	Battery 1.5 volts "AA" size	200	pcs		
5	Battery 1.5 volts "AAA" size	400	pcs		
6	Paper Sticker, long	500	pcs		
7	Envelope Document Ordinary, long	1,500	pcs		
8	Envelope Document Ordinary, A4	1,500	pcs		
9	Bristol Board, long	1,000	pcs		
10	Bristol Board, A4	1,000	pcs		
11	Folder File ordinary white A4	1,500	pcs		
12	Folder File ordinary brown A4	1,500	pcs		
	for PR 2020-09-0445				
	Approved Budget of Contract : P100,520.00				
	**For price quotations (preferably email) and any inquiries,*				
	please look for Ms. Ma. Mercedes Jamorabo				
	Contact details:				
	Email: menchie.jamorabo@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