



J.H. CERILLES STATE COLLEGE
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Email add: jhscsprocurement@gmail.com

REQUEST FOR QUOTATION

Date:
Quotation No.

Company Name: _____
Address: _____

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.

NOTE:

1. ALL TECHNICAL SPECIFICATIONS MUST BE COMPILED WITH. FAILURE TO COMPLY WITH THE MANDATORY REQUIREMENTS SHALL RENDER THE QOUTATION INELIGIBLE/DISQUALIFIED
2. DELIVERY PERIOD WITHIN _ CALENDAR DAYS
3. WARRANTY SHALL BE FOR A PERIOD OF THREE (3) MONTHS FOR EXPENDABLE SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACDEPTANCE BY THE PROCURING ENTITY
4. PRICE VALIDITY SHALL BE FOR A PERIOD OF 90 CALENDAR DAYS BEING OFFERED.
5. PLEASE SUBMIT THE FOLLOWING DOCUMENTARY REQUIREMENTS
 - A. Business Permit
 - B. Philgeps Certificate/Membership
 - C. Omnibus Sworn Statement if ABC is Above 50,000.00
 - D. Annual Income Tax Return (if ABC is above 50,000.00)

Office Equipment: Approved budget for the contract (ABC) - 240,000.00

NO.	ITEM & DESCRIPTION	QTY.	Unit	UNIT PRICE	TOTAL
	<i>Office Equipment</i>				
1	AIRCON 4HP FLOOR MOUNTED WITH INSTALLATION	2	unit		
	*****nothing follows*****				
	Total				

Delivery Period :

Warranty :

Price Validity :

After having read and accepted your General Condition, I/We quote you on the item at price noted above.

Printed Name/Signature

Tel. No./Cellphone No.

E-mail Address