

Republic of the Philippines
CEBU TECHNOLOGICAL UNIVERSITY – MAIN CAMPUS
 Bids and Awards Committee – Good and Services
 Tel. No: 402-4080

Date:	
PR No:	0309
Quotation No:	20-0309
Mode of Procurement:	53.9 Small Value

Company Name: _____

Address: _____

TIN: _____

Gentlemen and Ladies:

Invitation for Request for Quotation for the project: **MEDICAL SUPPLIES**, the approved budget for the contract (ABC) is: **55,000.00**

Please quote your lowest price on the item/s listed stating the shortest time of delivery and submit your quotation duly signed by you or your authorized representative. Insert your duly accomplished quotation on the attached return envelope and seal the same.


ANTONIETO F. PACAYRA
 Procurement Officer

Item No.	Item And Description	Qty/Unit	Brand/Model (Offered by Supplier)	Unit Price	Total Price Quotation (Offered by Supplier)
1.	Handpiece, low speed, nsk	1 pc.			
2.	Handpiece, high speed, nsk	1 pc.			
Total:					

Please be advised that in the event that you will be declared as the Lowest Complying and Responsive Supplier, said items will be awarded to you subject to submission of the documentary requirements **(1. PhilGEPS Registration Certificate/ Number 2. Mayor's Permit 3. Income Tax Return 4. Omnibus Sworn Statement)**. A Notice of Award and Purchase Order will be then issued.

Note: **Award to the Lowest Complying Supplier shall be on a LOT basis. (Please quote all items to avoid disqualification).**

 Printed Name/ Signature

 Tel No./ Mobile No.

 Date

Terms and Conditions:

- Terms of Payment: _____
- Delivery Schedule: _____
- Price validity is 120 days from date of quotation

Canvassed by:

 Name, Signature and Date