|                                                                                                                                                               | IN IN                                                                                                              | Capitol Site, Butuan C | ity 8600                          |                     |                    |                    |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------|---------------------|--------------------|--------------------|--|--|--|
|                                                                                                                                                               | REOL                                                                                                               | JEST FOR Q             | HOTAT                             | ION                 |                    |                    |  |  |  |
|                                                                                                                                                               | Mayo                                                                                                               | Lorion                 | 001111                            | ioit                | Date:              |                    |  |  |  |
|                                                                                                                                                               |                                                                                                                    |                        | Quotation #:                      |                     |                    |                    |  |  |  |
|                                                                                                                                                               |                                                                                                                    |                        |                                   |                     |                    |                    |  |  |  |
|                                                                                                                                                               | Name of Company                                                                                                    |                        |                                   |                     |                    |                    |  |  |  |
|                                                                                                                                                               | Address                                                                                                            |                        |                                   |                     |                    |                    |  |  |  |
|                                                                                                                                                               | TIN No.                                                                                                            |                        |                                   |                     |                    |                    |  |  |  |
|                                                                                                                                                               |                                                                                                                    | 1                      |                                   | 1. 6 16.            | 1111               |                    |  |  |  |
| etat                                                                                                                                                          | Please quote your lowest price inclusive of taxes in t<br>ing the shortest time of delivery. Submit your quotati   |                        |                                   |                     |                    |                    |  |  |  |
|                                                                                                                                                               | ealed envelope marked with the reference no. <u>(PR #</u>                                                          |                        |                                   | esentative not ia   |                    |                    |  |  |  |
| 111 3                                                                                                                                                         | tared envelope marked with the reference no. ITK#                                                                  | VI VI NI.              | .001                              |                     | ABEL F. WAG        | 10/14/24           |  |  |  |
|                                                                                                                                                               |                                                                                                                    |                        |                                   |                     | ABEL F. WAG        | AS                 |  |  |  |
|                                                                                                                                                               |                                                                                                                    |                        |                                   | Chai                | irman, Bids and Av | vards Committee    |  |  |  |
| ITEM<br>No.                                                                                                                                                   | ITEM & DESCRIPTION                                                                                                 | BRAND<br>MODEL         | UNIT                              | QUANTITY            | UNIT COST          | TOTAL COST         |  |  |  |
| 140.                                                                                                                                                          | Other Supplies & Materials                                                                                         | MODEL                  |                                   |                     |                    |                    |  |  |  |
|                                                                                                                                                               | Lot 1                                                                                                              |                        |                                   |                     |                    |                    |  |  |  |
|                                                                                                                                                               | Tissue, Interfolded Paper towel                                                                                    |                        | pack                              | 27                  |                    |                    |  |  |  |
|                                                                                                                                                               | Face Mask                                                                                                          |                        | box                               | 400                 |                    |                    |  |  |  |
|                                                                                                                                                               | Feather Duster                                                                                                     |                        | рс                                | 8                   |                    |                    |  |  |  |
|                                                                                                                                                               | Liquid Sosa                                                                                                        |                        | pc                                | 3                   |                    |                    |  |  |  |
|                                                                                                                                                               | Light Emitting Diode (Led) Light Bulb, 7 watts                                                                     |                        | pc                                | 15                  |                    |                    |  |  |  |
|                                                                                                                                                               | Rug, assorted color<br>Broom, Walis Tambo                                                                          |                        | pc                                | 30                  |                    |                    |  |  |  |
|                                                                                                                                                               | Extension Wire, 10 meters                                                                                          |                        | pc<br>pc                          | 2                   |                    |                    |  |  |  |
|                                                                                                                                                               | Disinfectant Spray                                                                                                 |                        | рс                                | 11                  |                    |                    |  |  |  |
|                                                                                                                                                               | Laundry Brush                                                                                                      |                        | pc                                | 17                  |                    |                    |  |  |  |
|                                                                                                                                                               | Sponge<br>Alcohol, ethyl, scented, 500ml                                                                           |                        | pc<br>bottle                      | 23                  |                    |                    |  |  |  |
|                                                                                                                                                               | Liquid Hand Soap, 500ml                                                                                            |                        | bottle                            | 8                   |                    |                    |  |  |  |
|                                                                                                                                                               | Tissue Jumbo Refill                                                                                                |                        | roll                              | 40                  |                    |                    |  |  |  |
|                                                                                                                                                               | Air Freshener                                                                                                      |                        | can                               | 2                   |                    |                    |  |  |  |
|                                                                                                                                                               | Price Tag Labeller                                                                                                 |                        | unit                              | 1                   |                    |                    |  |  |  |
|                                                                                                                                                               | Price Tag Sticker for Gun                                                                                          |                        | roll                              | 5                   |                    |                    |  |  |  |
|                                                                                                                                                               | Detergent Powder, All purpose                                                                                      |                        | pouch                             | 23                  |                    |                    |  |  |  |
|                                                                                                                                                               | Plastic Storage Box with Wheels, Large                                                                             |                        | рс                                | 6                   |                    |                    |  |  |  |
|                                                                                                                                                               | Plastic Storage Box, 22 liters                                                                                     |                        | рс                                | 6                   |                    |                    |  |  |  |
|                                                                                                                                                               | Document Tray, 3 Layers                                                                                            |                        | рс                                | 30                  |                    |                    |  |  |  |
|                                                                                                                                                               |                                                                                                                    |                        |                                   |                     | -                  |                    |  |  |  |
|                                                                                                                                                               |                                                                                                                    |                        |                                   |                     | LOT 1 7 41,000     | 7. 00              |  |  |  |
|                                                                                                                                                               | 10 42                                                                                                              |                        |                                   | Source of fund:     | MDS                |                    |  |  |  |
| Gen                                                                                                                                                           | eral Conditions:                                                                                                   |                        |                                   |                     |                    |                    |  |  |  |
|                                                                                                                                                               | 1. All entries must be typewritten/printed in ink.                                                                 | .1                     |                                   |                     |                    |                    |  |  |  |
| 2. Delivery period within calendar days based on the contract. 3. Warranty shall be for a period of six (6) months for supplies & materials, one (1) year for |                                                                                                                    |                        |                                   |                     |                    |                    |  |  |  |
|                                                                                                                                                               | equipment from date of acceptance by procuring sentity                                                             |                        | ne (1) year joi                   |                     |                    |                    |  |  |  |
|                                                                                                                                                               | 4. Price validity shall be for a period of calendar                                                                |                        |                                   |                     |                    |                    |  |  |  |
|                                                                                                                                                               | 5. PhilGEPS Registration Certificate, Business Permit, DTI                                                         | 200                    | Registration                      | Certificate shall b | e attached upon    |                    |  |  |  |
| submission of the quotation, if applicable.                                                                                                                   |                                                                                                                    |                        |                                   |                     |                    |                    |  |  |  |
|                                                                                                                                                               | 6. Bidders shall submit original brochures showing specific                                                        | cation of the produ    | cts being offer                   | red.                |                    |                    |  |  |  |
|                                                                                                                                                               | <ol><li>Winning bidder(s) from outside Butuan City must appear<br/>signed contract and claimed payments.</li></ol> | ar personally or sen   | t authorized i                    | representative to   |                    |                    |  |  |  |
|                                                                                                                                                               | After having carefully read and accepted your General Conditions, I/We quote on the item at prices noted above.    |                        |                                   |                     |                    |                    |  |  |  |
|                                                                                                                                                               |                                                                                                                    |                        | <i>a</i> v                        |                     | 111 51 11          | 10                 |  |  |  |
|                                                                                                                                                               |                                                                                                                    |                        | Signa                             | ture over Printe    | a Name of Authori  | zed Representative |  |  |  |
|                                                                                                                                                               | Signature over Printed Name of Canvasser                                                                           |                        | Tel. No. / CP No. / email address |                     |                    |                    |  |  |  |

Date

|               | /// (II Ca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | apitol Site, Butuan C                                                   | ity 8600       |                      |                      |                 |  |  |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------|----------------------|----------------------|-----------------|--|--|
|               | REQUI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EST FOR Q                                                               | UOTAT          | ION                  |                      |                 |  |  |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date:<br>Quotation #:                                                   |                |                      |                      |                 |  |  |
|               | Name of Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                |                      |                      |                 |  |  |
|               | Name of Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                |                      |                      |                 |  |  |
|               | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         |                |                      |                      |                 |  |  |
|               | TIN No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         |                |                      |                      |                 |  |  |
| stat<br>in se | Please quote your lowest price inclusive of taxes in thing the shortest time of delivery. Submit your quotation ealed envelope marked with the reference no. (PR#                                                                                                                                                                                                                                                                                                                                                                                                                                               | on duly signed by                                                       | y your repre   | esentative not la    |                      |                 |  |  |
| ITEM          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | BRAND                                                                   |                | 1                    | rman, Bias ana Av    | opeas Committee |  |  |
| No.           | ITEM & DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MODEL                                                                   | UNIT           | QUANTITY             | UNIT COST            | TOTAL COST      |  |  |
|               | Other Supplies & Materials  Lot 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |                |                      |                      |                 |  |  |
|               | Luggage, Expendable, Carry On, 2 Wheel Rolling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                |                      |                      |                 |  |  |
|               | suitcase (30kg)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         | рс             | 9                    |                      |                 |  |  |
|               | Door Knob                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                         | рс             | 5                    |                      |                 |  |  |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                |                      |                      |                 |  |  |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                |                      |                      |                 |  |  |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                |                      |                      |                 |  |  |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                |                      |                      |                 |  |  |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                |                      |                      |                 |  |  |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                |                      |                      |                 |  |  |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                |                      |                      |                 |  |  |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                |                      |                      |                 |  |  |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                |                      |                      |                 |  |  |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                |                      |                      |                 |  |  |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                |                      |                      |                 |  |  |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         | Ar BEE         | ADC                  | LOT 2 P 33           | 401. 10         |  |  |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         | 5              | Source of fund: _    | MDS                  | ,100.00         |  |  |
| Gen           | eral Conditions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |                |                      |                      |                 |  |  |
|               | <ol> <li>All entries must be typewritten/printed in ink.</li> <li>Delivery period within calendar days based on t</li> <li>Warranty shall be for a period of six (6) months for supplie equipment from date of acceptance by procuring sentity.</li> <li>Price validity shall be for a period of calendar do</li> <li>PhilGEPS Registration Certificate, Business Permit, DTI Cesubmission of the quotation, if applicable.</li> <li>Bidders shall submit original brochures showing specifica</li> <li>Winning bidder(s) from outside Butuan City must appear signed contract and claimed payments.</li> </ol> | ies & materials, on<br>ays<br>ertificate and Tax<br>ation of the produc | Registration ( | Certificate shall be | e attached upon      |                 |  |  |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                |                      |                      |                 |  |  |
|               | Signature over Printed Name of Authorized Representative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                         |                |                      |                      |                 |  |  |
|               | Signature over Printed Name of Canvasser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                         |                | Tel. No              | . / CP No. / email o | address         |  |  |

Date