Republic of the Philippines
UNIVERSITY OF RIZAL SYSTEM
Province of Rizal

Tel/Fax 8653-2860
urs.bacsecretariat2020@gmail.com

September 29, 2021

Company/ Suppliers 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 sealed quotation duly signed by your representative not later than Oct. 7, 2021 to URS SPMO, Morong Rizal.

NELSON S. GONZALES, Ed. D.
Chairperson, BAC

NOTE:
1. ALL ENTRIES MUST BE TYPEWRITTEN
2. DELIVERY PERIOD WITHIN __ CALENDAR DAYS
3. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE ENTITY
4. PRICE VALIDITY SHALL BE FOR A PERIOD OF *45* CALENDAR DAYS
5. G-EPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION
6. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED

ITEM NO.	ITEM & DESCRIPTION	QTY.	UNIT	BID PRICE	TOTAL BID PRICE
1	*Oxygen concentrator, Medical grade, up to 10lpm with nebulizer function, brand new with 1 year onsite warranty*	*1*	*Pc*		
	**** nothing follows ****				
	ABC – Php 70,000.00				

Brand and Model : _____ Delivery Period : _____
Warranty : _____Price Validity : _____

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

CERTIFICATION
I hereby certify that I have personally conducted this canvass and that the price(s) quoted is/are true & correct and the signature of the representative of the company who submitted the quotation(s) is/are genuine.

Posted at PhilGEPS
Printed Name & Signature of Authorized Canvasser

P.R. No.:2021-09-1059

Control No.:_____

PhilGeps Ref. No.:_____

_____
Printed Name / Signature

_____
Tel. No. / Cell phone No.

_____
E-mail address

_____
Date

_____
Tin Number