



Republic of the Philippines
UNIVERSITY OF RIZAL SYSTEM
 Province of Rizal

Tel/Fax 653-2860
 urs.bacsecretariat2020@gmail.com

Date : MAR 28 2022

Company/Supplier 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 MAR 0 - 2022 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	Antigen Swab Test	120	pc(s)		
	nothing follows				
	-				
	ABC - Php 192,000.00				
	-				

Brand and Model : _____
 Warranty : _____

Delivery Period : _____
 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.

Forced at Phil/GEPS

Printed Name & Signature of Authorized Canvasser

 Printed Name / Signature

 Tel. No. / Cell phone No.

 E-mail address

 Date

 Tin Number

03-0409