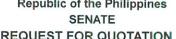
Republic of the Philippines SENATE REQUEST FOR QUOTATION



				Date :	8/19/2019 10:42:33AM
				RSQ No. :	RSQ-19-08-155
				Requisitioner :	LRAS
				Canvasser :	EISEN ROMMEL G. RAZON
Sir/Madam: We invite all GEPS registered bidders to submit sealed quotation for the item/s listed below, addressed to the Chairman, Bids and Awards Committee (BAC), 4/F Senate of the Philippines, GSIS Bldg., Financial Center, Pasay City. The quotation for Purchase Request No. PR-19-08-551 must be submitted to the Office of the Chairman, Bids and Awards Committee, Room 408 or the Secretariat, Bids and Awards Committee, Room 401, 4/F Senate of the Philippines, GSIS Building, Financial Center, Pasay City, not later than 5P.M. of					
LIKEWISE, ALL QUOTATIONS MUST BE VALID FOR AT LEAST THIRTY (30) TO FORTY FIVE (45) DAYS FROM THE CLOSING DATE OF POSTING WITH THE PhilGEPS AND SUBJECT TO THE GENERAL CONDITIONS FOUND AT THE BACK OF THIS FORM.					
				-	ーベート
	ATTY. MARIA VALENTINA S. CRUZ CHAIRPERSON				
				BIDS	AND AWARDS COMMITTEE
THE CHAIRMAN Bids and Awards Committee c/o Secretariat, Bids and Awards Committee Room 401 4/L, Senate of the Philippines, GSIS Building, Financial Center, Pasay City Fax No. 552-6601 local 1602 or 552-6793 Sir: As requested in your letter above, we are pleased to quote hereunder our price/s for the following item/s subject to the General Conditions stated at the back:					
Genera	Conditio	ns stated at ti			LUNIT DDIOE
ITEM NO.	QTY	UNIT	ITEM/S DESCRIPTION (Kindly indicate BRAND NAME & MODEL of item/s of your offer/bid)	APPROVED BUDGET	UNIT PRICE (Inclusive of all TOTAL Taxes)
			PR-19-08-551 (LRAS)		7
1	1	PIECE	TONER CARTRIDGE, High Yield, for DocuPrint P455d Mono Laser Printer	Php 15,000 Php15,000.00/PIE	
			Nothing Follows		e e e e e e e e e
RECEIVED AUG 19 2019 BY:					
TEDMO	OF DELIN		UOTATIONS must be valid for at least thirty [30] to forty fi	ve [45] days from clo	sing date)
TERMS OF DELIVERY					
TERM/S OF PAYMENT: Government Terms (NO C.O.D. / NO ADVANCE PAYMENT) Address of Supplier (Name of Com					(Name of Company)
E-Mail Address Tel./Fax No./s			PhilGE	PS Reg. No	Expiry Date:
TIN Climatus and Drinted Name Authoriza					
(Signature over Printed Name Authorized Representative					