



Republic of the Philippines
ISABELA STATE UNIVERSITY
Roxas, Isabela

REQUEST FOR QUOTATION

Date: _____

Quotation No.: _____

Company Name: _____

Address: _____

Please quote your lowest price on the item/s listed below, stating the shortest time delivery and submit your quotation duly signed by your representation


MARI CHRIS B. MAGUSIB
Head, BAC Secretariat

Note:

1. Delivery period within _____ Calendar Days upon receipt of P.O.
2. Warranty shall be for period of six (6) months for supplies & materials, one (1) year for equipment, from date of acceptance by the procuring entity.
3. Price validity shall be for a period of _____ Calendar Days
4. Attach Certificate of PhilGEPS Registration, Mayor's Permit & DTI Registration.
5. Please check **VAT REG** _____ or **NON VAT** _____.

NAME OF DEPARTMENT/OFFICE: _____

PURPOSE: _____

ITEM NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
TOTAL					-
GRAND TOTAL					

In connection with the above request, I/We quote you the item/s at prices noted above.

Printed Name/Signature
Canvasser

Printed Name/Signature
Supplier/Dealer

Contact Number: _____

Tel. Number: _____

email add: _____

FB Page: _____