

PHILIPPINE PORTS AUTHORITY

PORT MANAGEMENT OFFICE SOCSARGEN
Port Area, Makar Wharf, General Santos City
Tel. No.: (083)552-4484; 301-8671; FAX No. (083)552-4446; 301-2076; 301-2078

Standard Form Number: SF-GOOD-60
Revised on May 24, 2004
Standard Form Title: Request for Quotation
PR NO. _____

REQUEST FOR PRICE QUOTATION

NAME OF SUPPLIER _____
Office Address _____

RFQ NO. _____
Date Prepared: _____

Please quote your lowest price on the item/s listed below, subject to the General Condition on the last page, stating the shortest time of delivery and submit in a sealed envelope, your quotation duly signed by you/authorized representative not later than _____.

BAC Chairperson

NOTE:

- 1. ALL ENTRIES MUST BE WRITTEN/TYPEWRITTEN
- 2. DELIVERY PERIOD WITHIN THIRTY (30) 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 PROCURING ENTITY
- 4. PRICE VALIDITY SHALL BE FOR A PERIOD OF _____ 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 PRODUCTS BEING OFFERED.

Item No.	ITEM DESCRIPTION	QTY	UNIT	UNIT PRICE
SUPPLIER		Received By/Signature		

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

Printed Name/Signature

Tel. No./Cellphone No.

Canvassed by: _____
Date Canvassed: _____

Email: _____

Date