

REQUEST FOR QUOTATION/PROPOSAL

BATAAN PENINSULA STATE UNIVERSITY

City of Balanga 2100 Bataan PHILIPPINES

		MC-DENTAL CLINIC USE-	
Bidder:	Office/Section	EQUIPMENT	
Address:	PR no.	MC2020-09-268	
E-Mail Address:	Quatation No.	Philgeps-2020-09-219	
Contact No.	TIN.no: (indicate VAT or Non-Vat)		

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 quotation duly signed by your representative not later than in the return envelope attached herewith.



Note: 1. ALL ENTRIES MUST BE COMPLETELY FILLED -UP& INDICATE THE NAME OF THE BRAND BEING

2.DELIVERY PERIOD WITHIN SEVEN OR FIFTEEN CALENDAR DAYS(MAXIMUM)

3. WARRANTY SHALL BE FOR A PERIOD OF THREE(3) MONTHS FOR NON-EXPENDABLE SUPPLIES, ONE(1)YEAR FOR NON EXPENDABLE SUPPLIES FROM DATE OF ACCEPTED BY THE PROCURING ENTITY

4. PRICE VALIDITY SHALL BE FOR A PERIOD OF THIRTY(30) CALENDAR DAYS

Electronic Procurement System

Phi/GEPS

5. PhilGEPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION

6. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATE OF THE PRODUCT BEING OFFERED.

No.	Qty	Unit of Measure	Description/Offer	Unit Price	Total Cost
1	4	unit	External Oral Suction Device		
2	4	unit	Portable Hi Vac/HVE Dental Suction		
3	4	unit	Air Purifier(4 Stage air purifying sysytem)		
4	3	unit	UV Light Disinfectant		
5	3	unit	Acrylic Dental barrier kwith stand (round)		
			***nothing follows ***		

Delivery Period

Warranty

Price Validity

Printed Name/Signature

Tel.No./Cellphone No./e-mail address

Date