

REQUEST FOR QUOTATION

Date: _____
 Quotation No. 0247-2025

Company Name: _____
 Address: _____

Please quote your lowest price on the item/s listed below, subject to the General Conditions, stating the shortest time of delivery and submit your **SEALED QUOTATION** duly signed by your representative not later than _____ at **Philhealth Regional Office VI, 3rd Floor Administrative Office, Gaisano City Mall, Luna St., Lapaz, Iloilo City**.

STEPHEN BUENDIA

Canvasser/End User

NOTE: **ALL ENTRIES ARE ENCOURAGED TO BE TYPEWRITTEN/ WRITTEN LEGIBLY**

1. APPROVED BUDGET FOR THE CONTRACT (ABC) IS **P119,962.50**

2. PRICE VALIDITY PERIOD: 90 CALENDAR DAYS

1. DELIVERY PERIOD: within 30 calendar days upon approval of sample

2. TERMS OF PAYMENT: 30 days

3. WARRANTY : within 30 calendar days upon receipt of items

4. WE WITHHELD TAXES APPLICABLE TO ITEMS PURCHASED

ITEM NO.	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL AMOUNT
	FAN	2,285 pcs		
	<i>Please see attached Technical Specifications</i>			
			TOTAL	

Delivery Period: _____

Warranty: _____

Price Validity: _____

Terms of Payment: _____

After having carefully read all the provisions/ conditions provided above, I hereby comply, accept and quote you on the item at prices noted above.



 Company Name

 Printed Name & Signature

 Tel No./Cellphone No./Email

 Date