Republic of the Philippines
Province of Pangasinan
Municipality of Lingayen

Name of Project: Procurement of other supplies/equipment to be used at POSO office
ABC: P 12,000.00

Date:_____
Quotation No: _____

The Manager
_____
_____
_____

Please quote your lowest price on the item/s listed below, stating the shortest time of delivery and submit your quotation duly signed not later than November 21, 2025_. Late submission shall not be accepted.

VIRGINIA C. NAVARRO
Senior Administrative Assistant III

1. **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**
2. **PAYMENTS SHALL BE MADE THRU CHEQUE WITHIN FIFTEEN (15) DAYS AFTER THE DELIVERY, AND SHALL BE CLAIMED PERSONALLY AT THE OFFICE OF THE MUNICIPAL TREASURER**
3. **THE PRICE OFFERED SHALL NOT BE SUBJECT TO ANY INCREASE FOR WHATEVER REASON INCLUDING IN CASES OF DEVALUATION/INFLATION DURING THE ENTIRE DURATION OF THE CONTRACT**
4. **PRICE SHALL BE INCLUSIVE OF VAT**
5. **THE QUOTATION SHALL NOT BE CONSIDERED UNLESS IT IS PROPERLY SIGNED BY THE AUTHORIZE REPRESENTATIVE.**
6. **BIDDER'S MUST SUBMIT THE FF. REQUIREMENTS**
   - **A) VALID AND CURRENT MAYOR'S PERMIT**
   - **B) VALID AND CURRENT PHILGEPS CERTIFICATE**
   - **C) LATEST INCOME/BUSINESS TAX RETURN**
   - **D) BIR CERTIFICATE OF REGISTRATION**
   - **E) NOTARIZED OMNIBUS SWORN STATEMENT**
8. **COMPLETELY FILL OUT THE PRICE QUOTATION FORM, TECHNICAL SPECIFICATION/BRAND (IFAPPLICABLE), UNIT/TOTAL PRICE AND SUPPLIER/BIDDER'S INFORMATION. DO NOT FORGET TO SIGN THE PRICE QUOTATION FORM. FAILURE TO FOLLOW THE THAT STANDARD FORMAT OF QUOTATION IS A GROUND FOR DISQUALIFICATION.**
9. **DOWNLOADED QUOTATION MUST BE SUBMITTED THRU FAX, EMAIL OR DIRECTLY TO THE BAC SECRETARIAT ON OR BEFORE THE CLOSING DATE OF BID NOTICE ABSTRACT**
10. **ALL THE INTERESTED SUPPLIERS WITH INCOMPLETE REQUIREMENTS WILL BE AUTOMATICALLY DISQUALIFIED.**

Item No.	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL PRICE
1	**Water Dispenser** Specifications/Minimum Requirements: Type: freestanding Top load Hot, Cold and Warm Voltage/Frequency: 220v/60Hz Cooling power: 100W/ Heating Power: 420W with six (6) months warranty on parts and services	1 unit		
	---nothing follows---			

_____
Printed Name/Signature

_____
Tel. No./Cellphone No. E-mail address

_____
PhilGEPS Registration No.

_____
Date