

MUNICIPALITY OF GINATILAN
 Standard Form Number: SF-GOOD-60
 Revised Form Title: **Request for Quotation**

Project Reference Number: 2024-31
 Name of Project: Procurement of Regular Office
Supplies (2nd qtr.) (Ink Refill)
 Location of Project: Ginatilan, Cebu

Date: _____
 Quotation No.: _____

Please quote your lowest price on the items/s listed below, stating the shortest time of delivery and submit your quotations duly signed by your representative not later than _____ in the return envelope attached herewith.

 EDWARD P. SINGCO
 Procurement Officer

- NOTE: 1 DELIVERY PERIOD WITHIN _____ CALENDAR DAYS
 2 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
 3 PRICE VALIDITY SHALL BE FOR A PERIOD OF _____ CALENDAR DAYS

ITEM	UNIT	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL PRICE
1	bot.	INK REFILL, Epson L210 - T6641 black	37		
2	bot.	INK REFILL, Epson L210 - T6642 cyan	19		
3	bot.	INK REFILL, Epson L210 - T6643 magenta	19		
4	bot.	INK REFILL, Epson L210 - T6644 yellow	19		
5	bot.	INK REFILL, Epson 003 - black	90		
6	bot.	INK REFILL, Epson 003 - cyan	26		
7	bot.	INK REFILL, Epson 003 - magenta	27		
8	bot.	INK REFILL, Epson 003 - yellow	26		

TOTAL ₱

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

Brand Model :
 Delivery Period :
 Warranty :
 Price Validity :

 Printed Name/Signature

 Tel. No./Cellphone No.:
 E-mail Address: _____
 Date: _____