

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

Project Reference Number: 2025-12  
Name of Project: Procurement of Regular Office  
Supplies (1st 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	12		
2	bot.	INK REFILL, Epson L210 - T6642 cyan	4		
3	bot.	INK REFILL, Epson L210 - T6643 magenta	4		
4	bot.	INK REFILL, Epson L210 - T6644 yellow	4		
5	bot.	INK REFILL, Epson 003 - black	66		
6	bot.	INK REFILL, Epson 003 - cyan	36		
7	bot.	INK REFILL, Epson 003 - magenta	37		
8	bot.	INK REFILL, Epson 003 - yellow	36		

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: \_\_\_\_\_