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Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Sir/Madam:

Please quote your lowest price on the items listed below, subject to the General Conditions stated in the attached specifications and submit your quotation duly signed by your representative to UP Mindanao.

BAC Chair/Head of Unit

- Notes:
1. This price quotation must be written clearly and signed by authorized signatory.
  2. Delivery period must be within \_\_\_\_\_ days.
  3. Price validity shall be for a period of \_\_\_\_\_ calendar days.
  4. Documentary requirements must be submitted before issuance of Purchase Order.
  5. Please indicate if items will be delivered to UP Mindanao or for pick up.

ITEM NO.	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL PRICE
	Bond Paper A4	50 reams		
	Bpnd Paper short	30 reams		
	Long bond paper	20 reams		
	External drive (64G)	15 pcs		
	INK Canon IP2870 cartridge black and color) (10 black and 10 color)	20 pcs		
	Envelops long	300 pcs		
	Envelops short	300 pcs		
	Envelops A4	300 pcs		
	TOTAL			

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

Supplier: \_\_\_\_\_  
Tel. No/Cellphone No. \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature over Printed Name of Representative Grace C. McManus  
2930302

**UNIVERSITY OF THE PHILIPPINES MINDANAO**

Mintal, Tugbok District, Davao City  
Fax No. (082) 293-0302 CSM

**Request for Quotation**

Date: July 2, 2019  
Quotation No. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Sir/Madam:

Please quote your lowest price on the items listed below, subject to the General Conditions stated in the attached specifications and submit your quotation duly signed by your representative to the BAC, UP Mindanao.

**NOTE:** **DELIVERY DATE:** \_\_\_\_\_ **PROF. ANTONIO OBSIOMA**

ITEM NO.	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL PRICE
	Printer brother	10		
	Toner refill compatible to HP laser jet	8		
	M1132			
	<i>INK CANON IP2870 cartridge (black &amp; color) 10 pcs each (20)</i>			

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

Canvassed by:

Grace C. McManus  
Admin Aide IV/Lab Aide  
Fax home (082)2939955

Supplier: \_\_\_\_\_

Tel. No./Cellphone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Name/Signature of Representative/Date

\_\_\_\_\_