

Republic of the Philippines PUBLIC ATTORNEY'S OFFICE

Department of Justice Regional Office No. 1



DILG Building, Poblacion East Asingan, Pangasinan, Philippines

Email Address: paoasinganpangasinando@gmail.com

Contact No. 09353756909



The Public Attorney's Office will undertake a procurement transaction for the purchase of one (1) piece PRINTER through Small Value Procurement (SVP) under the Revised Implementing Rules and Regulations (IRR) of Republic Act No. (RA) 9184, for the use of the **PAO-Asingan, Pangasinan District Office.** The Approved Budget for the Contract (ABC) is **SEVENTEEN THOUSAND PESOS (Php17,000.00)** inclusive of government taxes and charges.

The Office hereby invites all interested suppliers or distributors to quote their lowest price on the items listed on the Price Quotation Form (Annex "A") subject to the General Conditions stated herein. Please submit your quotation duly signed by you or your authorized representative not later than **October 18, 2023** to the address below:

PUBLIC ATTORNEY'S OFFICE Asingan, Pangasinan District Office Asingan, Pangasinan

Email Add: paoasinganpangasinando@gmail.com Tel. No. 09353756909

For further inquiries, please look for:

ATTY. STEPHANIE JOY A. ROLUSTA-VALDEZ PUBLIC ATTORNEY'S OFFICE Asingan, Pangasinan

General Conditions:

- 1. ALL ENTRIES MUST BE SIGNED BY THE BIDDER OR AUTHORIZED REPRESENTATIVE:
- 2. DELIVERY LOCATION: PUBLIC ATTORNEY'S OFFICE, DILG BUILDING, ASINGAN, PANGASINAN
- 3. DELIVERY PERIOD: 15 CALENDAR DAYS UPON RECEIPT OF P.O.
- 4. PRICE VALIDITY SHALL BE FOR A PERIOD OF THIRTY (30) CALENDAR DAYS



PRICE QUOTATION FORM

Date:					
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Ma'ar	n:				
	fter having carefully read a est for Quotation, hereund	•			
Item No.	Description	Quantity	ABC Total Price	Unit Price	Total Price
1	Printer (Continuous Ink)	1	17,000.00		
TOTAL			17,000.00		
	(Total	Amount in	Words)		
The above quoted prices are inclusive of all cost and applicable taxes.					
Delivery Period Warranty					
Price Validity					
Very t	ruly yours,				
Name	and Signature of Authori	zed Repres	entative		
Name of Company			Company Address		
Contact Number/s			Email Address		