



# **REQUEST FOR QUOTATION**

The Public Attorney's Office will undertake a procurement transaction for the purchase of **four (4) pieces Continuous Ink 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-Candon City**, **Ilocos Sur District Office.** The Approved Budget for the Contract (ABC) is **SIXTY-EIGHT THOUSAND PESOS (Php68,000.00)** 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 27, 2023** to the address below:

#### PUBLIC ATTORNEY'S OFFICE Candon City, Ilocos Sur District Office Candon City, Ilocos Sur Email Add: pao\_candon@yahoo.com/paocandoncity@yahoo.com Tel. No. (077) 674-0681

For further inquiries, please look for:

#### MS. ELY JEAN M. ANGELITO PUBLIC ATTORNEY'S OFFICE Candon City, llocos Sur Contact No. 0917-799-9872

General Conditions:

- 1. ALL ENTRIES MUST BE SIGNED BY THE BIDDER OR AUTHORIZED REPRESENTATIVE;
- 2. DELIVERY LOCATION: PUBLIC ATTORNEY'S OFFICE, CANDON CITY, ILOCOS SUR
- 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: \_\_\_\_\_

### PUBLIC ATTORNEY'S OFFICE Candon City, Ilocos Sur

Sir/Ma'am:

After having carefully read and accepted the terms and conditions on the Request for Quotation, hereunder is our quotation for the item as follows:

ltem No.	Description	Quantity	ABC Total Price	Unit Price	Total Price
1	Continuous Ink Printer	4	68,000.00	17,000.00	
TOTAL			68,000.00		

(Total Amount in Words)

The above quoted prices are inclusive of all cost and applicable taxes.

<b>Delivery Period</b>	
Warranty	
Price Validity	

Very truly yours,

Name and Signature of Authorized Representative

Name of Company

Company Address

Contact Number/s

Email Address