

Republic of the Philippines
Department of Justice
OFFICE OF THE REGIONAL PROSECUTOR
REGION IV - San Pablo City

Validity Offer: _____

Delivery Period: _____

Terms of Payment: _____

(Company)

(Address)

Telephone No. / Fax No.

Signature of Store Manager / Store Owner

REQUEST FOR QUOTATION OF PRICES

QTY.	UNIT	DESCRIPTION	AMOUNT
160	can	Disinfectant Spray	
291	gallon	Alcohol, ethyl, 68%-72%, 1 gallon	
2950	piece	Surgical mask, 3-ply	
33	piece	Thermogun	
TOTAL			

For the use of **ORP Region IV**
IMPORTANT CONDITIONS

- 1 All quotations submitted to this office are considered of the items specified above the prices quoted hereon. In the event that the offer is accepted, Purchase Order for the items above mentioned will be sent to the dealer concerned, advising them of such acceptance, the date of delivery of the said item, and the availability of the funds needed for this purpose.
- 2 Goods, as defined in Republic Act No. 9184 and its implementing Rules and Regulations, delivered to this office are subject to inspection by the Auditor of the Commission on Audit or his duly authorized representative. Payment therefore will be effected only after the said inspection and acceptance of the item and subject to the usual audit requirements
- 3 This office hereby reserves the right to reject any or all offers, or accept such offer it may consider most economical and advantageous to the government.

Very truly yours,



JOSEF ALBERT T. COMILANG
Chairperson, BAC NPS-Region IV

LOOK FOR:


CLARA A. ALIAZAS
Administrative Officer II

Tel/ No.(049) 503-64-07

Email Address: orp04@doj.gov.ph

Note: Pls. Include your VAT

**ADDITIONAL REQUIREMENTS TO SUBMIT TOGETHER WITH THE
RFQ FORM**

1. MAYOR'S PERMIT (2 certified true copy)
2. SEC/DTI REGISTRATION (2 certified true copy)
3. PHILGEPS REGISTRATION UMBER (2 certified true copy)
4. INCOME TAX/BUSINESS TAX RETURNS (2 Annual & Quarterly, certified true copy)
5. OMNIBUS SWORN STATEMENT (2 duly notarized)