



REQUEST FOR QUOTATION (SMALL VALUE PROCUREMENT)

July 8, 2024
Date

Dear Supplier/Service Provider

You are hereby informed that the Davao Oriental State University (DOrSU) wherever deemed proper and authorized under Rule XVI, IRR of RA 9184, will receive sealed price quotation for the supply/delivery of the following items/goods or services at DOrSU, City of Mati, Davao Oriental where the said quotation will be opened on _____ or wherever deemed necessary as indicated below:

Qty	Unit	Item	Description/Performance of the Item (atleast, the minimum)	Unit Price	Total Cost
1	sack	Fertilizer	Complete	_____	_____
50	sack	Humus/Organic Soil		_____	_____
1	load	Garden soil		_____	_____
2	box	Rooting Powder	100 grams	_____	_____
2	liters	ANAA		_____	_____
1	sack	14-14-14		_____	_____
2	pcs	Wheel Barrow	70L capacity, Thick tray pneumatic wheel, 34mm diameter steel pipe, 21.27mm diameter pipe, pneumatic wheel 350-10, sift grip, L73 x W59 x H16 tray dimension	_____	_____
10	pack	Poly bag	50pcs per pack, black, 9+9x16x005	_____	_____
100	pcs	Flower pot	black, large size, plastic type	_____	_____
5	pcs	Saw	for tree without handle rod, heavy duty	_____	_____
40	packs	Plastic cups	50pcs per pack, disposable cup, transparent, 10ml	_____	_____
5	pair	Hand gloves	rubber type, free size	_____	_____
2	bundle	Garden net	100 meters per bundle, black	_____	_____
2	pcs	Pruning Scissors	heavy duty	_____	_____
2	pcs	Pruning Shears	heavy duty	_____	_____
2	pcs	Grafting Tape		_____	_____

Approved Budget: P 69,600.00

PR #: 2024-07-541 Date: 07/02/2024 Requesting Unit/Office : GSU - Janitorial

Small Value Procurement Documentary Requirements :

1. Mayor's/Business Permit
2. PhilGEPS Registration Number
3. Income/Business Tax Return (for ABCs above P500,000.00)
4. Omnibus Sworn statement (for ABCs above P50,000.00) before the issuance award
5. External Provider form (from DOrSU)

The Bids and Awards Committee:

I hereby submit my/our offer at the price indicated opposite the items and agree to the terms and conditions of this as stated on the flipside of this Request/Invitation.

Canvassed/Distributed by:

_____ Date: _____

DR. CHERYLL L. BAUTISTA
BAC Chairperson

_____ Name of Establishment

_____ Authorized Signature