DAVAO ORIENTAL STATE UNIVERSITY

"A University of excellence, innovation, and inclusion"



| Document Code No. | | | | | | | |
|-------------------|---------|----------------|----------|--|--|--|--|
| FM-DOrSU-PROC-10 | | | | | | | |
| Issue Status | Rev No. | Effective Date | Page No. | | | | |
| 1 | 0 | 07.22.2022 | 1 of 2 | | | | |

REQUEST FOR QUOTATION (SMALL VALUE PROCUREMENT)

October 21, 2024

Date

| Dear Supplier/Service Provide | Dear Su | pplier/Se | ervice l | Provide |
|-------------------------------|---------|-----------|----------|---------|
|-------------------------------|---------|-----------|----------|---------|

| 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 | set | Sieves | the minimum) 1 set of Sieves consisting of 200-micron, 150-micron, 100-micron, 80-micron, 50-micron, and 20-micron mesh size; Made of Bronze Metal | Price | Cost |
| | | | | | |

Approved Budget: P 110,000.00 Requesting Unit/Office: PR #: <u>2024-10-973</u> Date: ___ M2P2 **Small Value Procurement Documentary Requirements:** 1.Mayor's/Business Permit 2. PhilGEPS Registration Number sgd DR. CHERYLL L. BAUTISTA 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 BAC Chairperson 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: Name of Establishment Date:___ **Authorized Signature**