



Document Code No.			
<b>FM-DOrSU-PROC-09</b>			
Issue Status	Rev No.	Effective Date	Page No.
1	0	07.22.2022	1 of 3

**REQUEST FOR QUOTATION (SHOPPING B)**

January 27, 2025

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
4	bottle	Glue	all-purpose , 130g, white	_____	_____
5	roll	Tape	transparent, 24mm, 30m	_____	_____
3	bundle	Binding ring/comb	plastic, 32mm, 80rings/piece, 10pcs/bundle	_____	_____
5	bundle	Binding ring/comb	plastic, 16mm, 80rings/piece, 10pcs/bundle	_____	_____
6	pc	Correction tape	5mm x 10m	_____	_____
3	pc	Date File Box	legal size with Lid	_____	_____
2	box	Folder	pressboard, legal size, 100pcs/box	_____	_____
20	box	Index tab	white, 5sets/box	_____	_____
3	set	Marker	Flourescent highlighter, 5mm broad tip, 3pcs/set	_____	_____
4	box	Pencil	lead/graphite. With eraser, 12pcs/box	_____	_____
3	pair	Scissors	8 inches, stainless blades, asymmetrical handles	_____	_____
12	ream	Paper	multicopy, A4, 80gsm	_____	_____
14	ream	Paper	multicopy, Long size, 80 gsm	_____	_____
2	book	Record book	300 pages	_____	_____
8	pack	Board paper	long size, 220gsm, 100pcs/pack	_____	_____
1	set	Stapler with staple wire	metal, 190 sheet capacity, with 5 boxes staple wire, heavy duty	_____	_____
2	roll	Duct Tape	48mm x 10m	_____	_____
1	unit	Office Chair	high back with headrest, adjustable seat height, swivel 360 degrees, butterfly mechanism with tilt & lock function, adjustable lumbar support	_____	_____

Approved Budget: Please see next page for ABC

PR #: 2025-01-0018

Date: \_\_\_\_\_

Requesting Unit/Office : PLANNING UNIT

**Shopping B Documentary Requirements :**

1. Mayor's/Business Permit
2. PhilGEPS Registration Number
3. External Provider form (from DOrSU)

sgd

**DR. CHERYLL L. BAUTISTA**

BAC Chairperson

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



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Qty	Unit	Item	Description/Performance of the Item (atleast, the minimum)	Unit Price	Total Cost
5	bottle	Printer ink	for Epson L3250 printer, black, genuine	_____	_____
3	bottle	Printer ink	for Epson L3250 printer, yellow, genuine	_____	_____
3	bottle	Printer ink	for Epson L3250 printer, cyan genuine	_____	_____
3	bottle	Printer ink	for Epson L3250 printer, magenta, genuine	_____	_____
1	unit	Uninterruptible	Capacity VA/Wattage: 1500VA/1050 Watts Input Voltage Range: 145-295VAC Input Freuency: 50 or 60 Hz (auto sensing) Output Voltage Range: 230VAC Output Frequency: 50 or 60Hz	_____	_____

Approved Budget: P 50,000.00

PR #: 2025-01-0018

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