

Request for Quotation

Fax	No.: No.		Date Quo ABC	ation #:		February 29, PS-024-02-0	
Sir/N	Madam:	uote your lowest price on the items/s listed below, stating the sh	partest time of delivery	and submit	this from dul	v signed by vi	our representative
	•				RODRIG	L. OJENAL strative Divisi	
To b	e filled-	out by Supplier:			/		
ITEN	I NO:	ITEM & DESCRIPTION	QT	UNIT	BRAND	UNIT PRICE	TOTAL PRICE
		Procurement of Common Use Office Supplies:				THOL	
	1	CUSTOMIZED MEMO PAD WITH OSG LETTERHEAD Size (estimated): 5.5" (width) x 5.5" (length) Material: White Paper Thickness: 90 gsm; Substance: 20 Binding: Padded; Packaging; min. of 100 leaves per pa Print: Full Color (One Side) OSG Logo with Name (Above) and Office Addi Other Inclusions: Layout, Proofing, Printing, and Binding	ress (Below)	pad			
	2	CUSTOMIZED MEMO PAD WITH OSG LETTERHEAD Size (estimated): 5.5" (width) x 8.5" (length) Material: White Paper Thickness: 90 gsm; Substance: 20 Binding: Padded; Packaging: min. of 100 leaves per pa Print: Full Color (One Side) OSG Logo with Name (Above) and Office Addi Other Inclusions: Layout, Proofing, Printing, and Binding	d ress (Below)	pad			
	3	CUSTOMIZED MEMO PAD WITH OSG LETTERHEAD Size (estimated): 5.5" (width) x 8.5" (length) Material: White Paper Thickness: 90 gsm; Substance: 20 Binding: Padded; Packaging: min. of 100 leaves per pa Print: One Color - Black (One Side) OSG Logo with Name (Above) and Office Addi Other Inclusions: Layout, Proofing, Printing, and Binding	ress (Below)	pad			
	4	COPY PAPER WITH LETTERHEAD AND OSG LOGO (BLI AT THE BACK Size (estimated): 8.5" (width) x 11" (length) Material: White Paper Thickness: 70 - 100 gsm Packaging: 500pcs per ream Print: Full Color "Subject for approval of end-user Other Inclusions: Layout, Proofing, Printing, and Binding Supplier must send a sample of paper to be used or work for evaluation. Upon awarding, the supplier must send at least one of pad for approval of end-user before delivery. The supplier will deviate from the measurement of this RFQ provided that said de equal or greater than those stipulated and subject for approval.	or technical copy each memo be allowed to evalions will be	reams			
Warr	very Peri ranty: • Validity			SIGNATURE	OF AUTHO	RIZED REPR	ESENTATIVE
2. Bio a. [] b. [] c. [] d. []	ease qui dders mi Mayor's PhilGEF Income Omnibu	ote within days from the date of RFQ. ust submit current and valid documentary legal requirements up / Business Permit; PS Registration Number: Membership: [] Plater / Business Tax Return (for Small Value Procurement, above Phys Sworn Statement for Small Value Procurement (for above P50,0 who have previously submitted the above legal requirements may be submitted to the state of th	atinum [] Red p500,000); 00 Notarized OSS is requ	ired.);			
		tertify under oath that I have personally conducted this canvass, re of the company submitting the quotation is genuine.	, which the price/s quo	ted are true	and correct,	and the signa	iture of
			OSEPHINE C. ALCASAREN / MARIJOIE V. CASTILLO SIGNATURE OF CANVASSER				

For more information, you may contact us:
Telephone: 8836-3314
Telefax: 8813-1174
Please send your quotation to:

rfq.osgprocurement@gmail.com