atanda	ard Form Title: Request for Quotation			
		Dat	e: October 1, 202	1
		(Quotation No. 20	2109124
	ompony Namo			
C	ompany Name			
	Address			
	Please quote your lowest price on the item/s listed below, stating the shortest time of delivery and submit your quantative not later than in the return en	uotation duly	signed by your	Conditions
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			ds & Awards Com	mittee
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FOR PRICE G-EPS	RANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & EQUIPMENT, FROM DATE OF ACCEPTANCE BY LEYTE NORMAL UNIVERSITY E VALIDITY SHALL BE FOR A PERIOD OF <u>THIRTY (30)</u> CALENDAR DAYS S REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISS ERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATION	S ION OF THE QU	UOTATION	RED
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After having carefully read and accepted your General conditions, I/we quote on the item/s at price noted above

Company Name

Date

Tel. No./ Cellphone No.

Printed Name/Signature