

**SURIGAO STATE COLLEGE OF TECHNOLOGY**  
Surigao City

<b>Reference No. PR # 18-11-1838</b>
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**PRICE QUOTATION FORM  
(BID FORM)**

Sealed Bids shall be dropped in the BIDDERS BOX on or before **2:00 P.M. December 06, 2018** placed at the office of the Chairman of the College BAC. Thereafter, the Bidder's Box shall be sealed until the Chairman of the College BAC declares opening of the Bids.

ITEM NO.	QTY.	UNIT	Name of Supplies/Specification (ITEM)	ABC/ITEM	BID PRICE PER ITEM	TOTAL	
<b>SUPPLY AND DELIVERY OF VARIOUS PAINTING MATERIALS FOR REPAINTING OF BUILDING WALLS - MALIMONO CAMPUS</b>							
1	15	gals	● Quick Drying Enamel Paint, White	600.00			
2	5	gals	● Quick Drying Enamel Paint, Choco-Brown	600.00			
3	35	gals	● Gloss Latex Paint, White	600.00			
4	15	gals	● Flat Wall Enamel Paint, White	600.00			
5	3	gals	● Paint Thinner	450.00			
6	5	gals	● Oil Tinting Color, Raw Sienna	75.00			
7	5	cans	● Latex Tinting Color, Raw Sienna	75.00			
8	5	cans	● Paint Roller # 6 Cotton	200.00			
9	5	pcs	● Mini-Paint Roller # 4 Cotton	200.00			
10	20	pcs	● Flat Latex Paint, White	600.00			
			XXXXXXXXXXXXXXXXXXXXXXXXXXXX				
			<b>Deadline of Submission : December 06, 2018 (Late bids shall not be accepted)</b>				
			<b>Important Note:</b>				
			1. Total ABC = Php 58,100.00				
			2. Basis of Award is on a " <b>Per Item Basis</b> ". Quotation shall not exceed the stated ABC of the item.				
			3. <i>Quotation with erasure &amp; not sealed in an envelope shall not be accepted.</i>				
			4. <i>Bidder must indicate the Brand of the item/s quoted.</i>				
			5. <i>Interested Bidder/s must be PhilGEPS Registered.</i>				

Delivery Period: Within Twenty (20) working days from receipt of approved Purchase Order.

The *Surigao State College of Technology* reserves the right to accept or reject any bid, to annul the bidding process, and to reject all bids at any time prior to contract award, without thereby incurring any liability to the affected bidder or bidders.

**ROWENA A. PLANDO, Ph.D.**  
*BAC Chairperson*

Name of Establishment: \_\_\_\_\_

Signature Over Printer Name of Authorized Representative: \_\_\_\_\_