

Republic of the Philippines ILOILO SCIENCE AND TECHNOLOGY UNIVERSITY La Paz, Iloilo City

Department: BBDS AND AWARDS COMMITTEE

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CANVASS PAPER

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	OVD 2021 122		Date:		
R No:	SVP-2021-123				
SENTLEN You	and the second to discount to	oute your price of the articles listed below for immediate of	elivery if available	e in your	stock.
lease su	bmit your qoutation in	sealed envelope to the Supply Officer, or thru the bearer of the sealed envelope to the Supply Officer, or thru the bearer of the sealed envelope to the existing as from you all articles in quotation subject to the existing	regulation gover	ning pur	chase
efore 3:0)0 PM. We may purch	st advantageous to the GOVERNMENT.			
n case yo	our price snould be mo inquiries, please call af	t Tei. No. (033) 320-7190 Loc 126.			
1011	riguiries, productives a	1	Dr. Corazor	C. Cort	oal
Canvassed by: 11. by/ CmgX		CMCV	Chair		
7011VQ23C	Ann Lovelle D. Paja	/ Lester Jeth Rotersos	Bids and Awar	ds Comn	nittee
	Printed Nam	e and Signature			
Delivery p	period upon receipt of	order: 15 Calendar Days Approved	Budget: (Php)		Php 171,750.00
Item No.		ITEM	Quantity	Unit	Unit Cost
	Product Category	Description/Specifications		,	, , , , , , , , , , , , , , , , , , ,
1	_	Completion of (INC) grade forms (200 pads @	50	pads	
	forms	50 pcs./pad (2 semesters and 1 summer) size	50	paus	
		8.5 x 13 (P 100.00)/pads			
		Counter Request form 1500 pads @ 100/pads			
	forms	(2 semester and 1 summer per pads size; 6.5		и	
2		x 4.5 (P 40.00)/pads	1500		
		Pre-Registration form (old student) (400 pads			
3	forms	@ 50 pcs./pad (2nd semester only per pad			
		size 8.5 x 6.5 (P 60.00)/pads	50	U?	
4		Transcript of Record (water mark-ISAT U			
	forms	logo) 20,000 pcs.(2 semester and 1 summer)			
		size: 8.5 x 13 (P 5.00)/pc	20,000.00	pcs	
					•
5	forms	CAV (1200 pads @ 50 pc/pad) (2 semesters]	
	IOIIIIS	and 1 summer) per pad size; 8.5x11 (P 75.00			
)/pads	50	pads	
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		For Official use at Registrars office			
		Requested by: (Corazon Corbal)			
We	hereby propose to furr	nish and deliver the above articles according to the specifi	cations quoted at	oove.	
		4, 5 - 1			
	ACTOR/ DEALER:				
Address:		, , , , , , , , , , , , , , , , , , , ,	Tel No:		
AUTHOR	RIZED REPRESENTAT	NVE:			

NAME

Signature

Date