Republic of the Philippines ILOILO SCIENCE AND TECHNOLOGY UNIVERSITY

La Paz, Iloilo Çity

CANVASS PAPER

Department:	BIDS AND AWARDS COMMITTEE		
Document Code:	QF-BAC-02		
Rev. No.:	3		
Effective Date:	A		

	~	CANVASS PAPER	Effective Da	te:	August 3, 2015		
PR No:	SVP-2021-16	65	Date:				
Y	EMEN: ou are hereby invited	d to qoute your price of the articles listed below for immediate on in sealed envelope to the Supply Officer, or thru the beare	e delivery i	if availal	ble in your stock.		
before in case	3:00 PM, We may p your price should b	urchase from you all articles in qoutation subject to the existi e most advantageous to the GOVERNMENT. all at Tel. No. (033) 320-7190 Loc 133.	ng regulat	tion góv	erning purchase		
	CORAZON C. CORBAL, Ph.D.						
Canvassed by Chairman Ms. Ann Loyelle D. Faja/ Mr. Lester John Rotersos Printed Name and Signature Chairman Bids and Awards Committee					ommittee		
Delivery period upon receipt of orde 30 Calendar Days Approved Budget: (Php) 175,000.00							
Item No.	Product Category	ITEM	Quantity	Unit	Unit Cost		
1	Magazine	ISAT U Sex Disaggregated Data 2021 printing press to provide layouting services from cover to inside pages (P 350.00)/pc	300	pcs			
		Cover: paper - glosesy	 	•			
		Printing - colored					
		Inside: paper glossy	+				
	<u> </u>	Printing - colored	-				
		Finishing and packaging: folding sizes per pag is 8.5 x 11 in	1 1				
	<u> </u>	perfecting binding					
		48 pages including cover					
2	Booklet	VAW booklet (P 35.00)/pc	2,000	DCS			
_	50011101	Dimension: width - 5.0 in	12,000				
		height - 7.5 in	1				
		Cover paper - glossy (outside) matte (inside printing colored	1				
		Inside: paper - copy paper, priting - black		•			
		Finishing and packaging: folding sizes per page is 5.0x7.5 in					
		perfect binding					
		32 pages including cover					
			 				
	-						
			+				
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		For official use	1				
		Requested by: (Emely Dela Cruz)	<u> </u>		ļ		
	l	Requested by: (Emery Dela Cluz)					
		o furnish and deliver the above articles according to the spec	ifications	quoted :	above.		
CONTRACTOR/ DEALER: Address: Tel No:							
AUTH(ORIZED REPRESE		ignature	¥	Date		
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