

UNIVERSITY OF THE PHILIPPINES
Manila
INSTITUTE OF HUMAN GENETICS
Tel. 310-1780 / 310-0788 / 526-1725
Fax: 526-9997

REQUEST FOR QUOTATION

Date: August 11, 2023
PR NO. 20612
MOP: NP-53.9 Small Value Procurement

Please quote at your government price inclusive of VAT and state the time within which you can make delivery. It will be appreciated if we can have your quotation duly signed by your representative at the Institute of Human Genetics-NIH Building Pedro Gil St. Ermita Manila not later than August 18, 2023

Formal quotation may be sent via email to Ms. Princess B. De la Cruz at pbdelacruz@up.edu.ph

Note:

1. All entries must be typewritten or in print.
2. Delivery for a minimum period of 30 calendar days.
3. Warranty shall be for a period of six (6) months for supplies and materials, one (1) year for equipment, from the date of acceptance by the procuring entity.
4. Price validity shall be for a period of 90 calendar days.
5. PhilGEPS Registration Certificate shall be attached upon submission of the quotation (if applicable).
6. Bidders shall submit original brochures showing certifications of the product being offered.
7. Bidders must indicate the BRAND and MODEL NUMBER offered when appropriate.

Item No.	Qty	Unit	Description	Approved Budget/unit	QUOTED UNIT PRICE	TOTAL QUOTED PRICE
1)	2	pack	Vacuum Filter/Storage Bottle System, 1000 mL non-pyrogenic, gammairradiated, Sterile Membrane Material: Polyethersulfone (PES), Pore size: 0.22 µm, Membrane diameter: 91 mm, Package: 12/pack	27,151.00		

Please quote at your government price (Including VAT) and state the time within which you can make delivery. It will be appreciated if we can have your quotation in the office as soon as possible on or before the deadline stated herein.

After having carefully read and accepted your General Conditions, I/We quote you on the items at prices noted above.

Name of the Company:	_____	Tel. No. :	_____
Address:	_____	Mobile No. :	_____
Name of Representative:	_____	Email Address:	_____
Position:	_____	Company T.I.N:	_____
Signature:	_____	Date:	_____

Landbank Account details (for payment)

Account Name:	_____
Account Number:	_____
Branch:	_____