

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

REQUEST FOR QUOTATION

Date: November 3, 2022
PR NO. **19187**
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 **November 09, 2022**

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.

Please submit your sealed quotation (**ORIGINAL SIGNED**) to

Item No.	Qty	Unit	Description	Approved Budget/unit	QUOTED UNIT PRICE	TOTAL QUOTED PRICE
1)	1	unit	Digital Air flow/velocity meter Traceable, Technical Specifications: Air Velocity m/s (meter per second) Range 0.40-30.00 m/s Resolution 0.01 m/s Air Flow CMM Range 0-999,900m3/min Resolution 0.001 to 100 USB PC Interface cable Warranty terms: at least 1 year of parts and service including battery; with certificate of calibration	40,000.00		

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: _____