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. 19188

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

- 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)	10	rack	Filter tips 1000uL, racked (hinged-racked, filter tips, sterile, low retention, with ART barrier)	2,000.00		
2)	10	rack	Filter tips 20 uL, racked (hinged-racked, filter tips, sterile, low retention, with ART barrier)	2,000.00		
2)	20	rack	Filter tips 200 uL, racked 10 trays per rack (hinged-racked, filter tips, sterile, low retention, with ART barrier)	2,000.00		

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 paym	nent)		
Account Name:			
Account Number:			
Branch:			