University of the Philippines Visayas

Miagao, Iloilo, Philippines 5023

Supply and Property Services Office

TeleFAX: (033)3159858/3158141

Website: www.upv.edu.ph, Email: spso.upvisayas@up.edu.ph

REQUEST FOR QUOTATION

Date: 2022-07-21

Quotation No.: 2022-6456

Mode of Procurement: SHOP 52.1.B

MPS#: MPS-2022-0676

Please quote as your best offer on the term/s listed below, subject to the terms and conditions:

- · Submit sealed quotations to SPSO Iloilo City or Miagao campus or email to: spso.upvisayas@up.edu.ph
- · Indicate company name, address and quotation number on the envelop or in your email subject
- · Affix full signature of printed name

Please address to: Emiliza C. Lozada

Chief, SPSO, UP Visayas

Miagao, Iloilo

DEADLINE: 2022-07-28

B213

EMILIZA C. LOZADA CHIEF, SPSO &

\$14,040

No. Qty Unit Item (Descriptions / Specifications) ABC Model TOTAL Price Unit Price EARMARKED-2022-07-671 GDP BBCMC (01/GF) GDP-2022-07-6 bottle CLEANER-TOILET BOWL & URINAL, 900ml 300/BTL 1 5.00 Insect Spray (Baygon) 500 ml, multi insect 300 CAM 10.00 can spray, water based, odorless Tisyu Coreless 100 Virgin pulp 2ply 30g/roll 65/PACK 3 6.00 pack 20rolls per pack 10 rolls per pack Flat Napkins 100sheets/pack size 50/PACK 4 12.00 pack 280mmx280mm 100 Virgin pulp, Cheers interfolded paper towels 600/BTL bottle Lysol spray 510 g, baby room scent 5 5.00 100/ROLL trash bag, black, 45"x50" transparent plastic 6 10.00 bottle Handsoap, liquid 1 liter 150/BTL 10.00 600/GALLON Ethyl Alcohol 70 70% with moisturizer 8 3.00 Waste Basket w/ Cover Big 200/PC 9 4.00 pack Rubber Cleaning Gloves , Large 10 3.00

assigned to: Stephen Jolo

| Our | Terms | and | Condit | ions |
|-----|-------|-----|--------|------|
| | | | | |

1. DELIVERY PERIOD

W/in 5-10 working days upon r

2. PLACE OF DELIVERY

UPV, Iloilo City Campus

3. PRICE VALIDITY

20 days

4. FREE WARRANTY OF

3 months

5. PAYMENT TERMS

30 days

After having carefully read and accepted your terms and conditions, I/we quote you on the item/s at prices noted above.

| FAXed: Date: Personally Distributed: Received by: | Time: | | Signature over Printed Name |
|---|-----------------------------|------|---------------------------------------|
| | Signature over Printed Name | | Contact: Tel#, Cell# or email address |
| | Date | | Date |
| PhilGEPS: Reference # | | Date | Date |