## 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: 2022-08-03

Quotation No.: 2022-6521 Mode of Procurement: SVP MPS#: MPS-2022-0681

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

- Submit sealed quotations to SPSO lloilo 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: 2022-08-10

| No.   | Qty       | Unit   | Item (Descriptions / Specifications)                                   | ABC    | Model | Unit Price | TOTAL<br>Price                        |
|-------|-----------|--------|--|--------|-------|------------|---------------------------------------|
| TF-Tu | ına Visce | ra DA  | BIOTECH-R2201-2022-08-1  |        |       |            |                                       |
| 1     | 1.00      | bottle | Protease from Aspergillus oryzae, enzyme, ≥500 Units/g, 250 mL _       | 32,000 |       |            | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| 2     | 2.00      | pack   | Aspergillus oryzae starter culture _                                   | 12,000 |       | 309        | 0                                     |
| 3     | 1.00      | bottle | Protease from Bacillus licheniformis , enzyme, ≥ 2.4 Units/g, 250 mL _ | 29,000 |       |            | 5.1                                   |

assigned to: Jina Mae Cortel

## **Our Terms and Conditions**

1. DELIVERY PERIOD

30-45 wd upon receipt of PO

2, PLACE OF DELIVERY UPV, SPSO, Miagao Campus

3. PRICE VALIDITY

20 days 3 months

4. FREE WARRANTY OF 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: 1                                 | ime:  |      | 1546-9463                             |
| Personally Distributed:                 |       |      | Signature over Printed Name           |
| Received by:Signature over Printed Name |       |      |                                       |
|   |       |      |                                       |
|   |       |      | Contact: Tel#, Cell# or email address |
|   | ater3 |      |                                       |
|   | Date  |      |                                       |
|   |       |      | Date                                  |
| PhilGEPS: Reference #                   |       | Date |                                       |
| -                                       |       |      |                                       |