



University of the Philippines Visayas

PROCUREMENT SECTION

Miag-ao, Iloilo, Philippines 5023

Telefax: (033) 315-81-41/+639177077232

Website Address: www.upv.edu.ph

Date: April 22, 2024

Quotation Number: 2024- 254

MPS No. MPS-2024-016M

Mode of Procurement: SVP

Please quote us your best offer on the item/s listed below, subject to the terms and conditions.

- Submit quotations to UPV-SPSO Miagao Campus or SPSO City Campus or EMAIL to: pps@upv.edu.ph
- Indicate company name, address, and quotation number on the envelope or in your email subject.
- Affix full signature over printed name.

Please address to: EMILIZA C. LOZADA
 Chief, SPSO, UP Visayas
 Miagao, Iloilo

DEADLINE : April 29, 2024

Emiliza C. Lozada
EMILIZA C. LOZADA
 CHIEF, SPSO

Item No.	Qty	Unit	Item and Description	ABC / unit	Offered Brand or Model	Unit Price
1	30.00	kg	Sodium Thiosulfate (NazS203) (1 kg; Technical Grade) Color: white; Appearance: crystal/powder/chunks; solubility color: colorless)	300.00		
2	3.00	bottle	Cyanocobalamin (Vitamin B12) (1 Gram, Cyanocobalamin, VitamineB 12) [Molecular formula: C63H88CoN14O14][form: powder, solubilitycolor: dark red; purity: > or equal to 98%; appearance: red to brown][shelf life: 3 years]	15,000.00		
3	10.00	bottle	EDTA disodium salt (NazHEDTA-2H,O) (Analytical grade; 500 grams in one bottle; Shelf Life- at least 4 years; Appearance- White crystals or powder; Solubility-33.3 mg soluble in 1 mL of water; pH (c = 5% in water at 25°C) : 4.30 - 4.70)	3,000.00		
Total				84,000.00		

FUND SOURCE: TF-BURS#-2024-04-986 (Hatchery Production of Green Mussel Spats, PQ 2024-04-29)

Our Terms and Conditions

- DELIVERY PERIOD: 30 WD UPON RECEIPT OF PO
- PLACE OF DELIVERY: UPV-SPSO MIAGAO CAMPUS
- PRICE VALIDITY : 20 DAYS
- WARRANTY DATE: 3 MONTHS
- 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: _____ Time: _____
 Personally Distributed: _____
 Received by: _____
 Signature over Printed Name

 Date

 Signature over Printed Name

 Tel No. / Cellphone No. / E-mail Address

 Date