



University of the Philippines Visayas
PROCUREMENT SECTION
 Miag-ao, Iloilo, Philippines 5023
 Tel/Fax: 033-3158141 / +63917-7077232
 EMAIL: pps@upv.edu.ph

REQUEST FOR QUOTATION

Date: **2024-05-08**
 Quotation Number: **2024-309**
 Mode of Procurement: **SVP**
 MPS No. **MPS-2024-019M**

Please quote us your best offer on the item/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 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 : 5.15.24

for: [Signature]

EMILIZA C. LOZADA : *010.5.8.24*
 CHIEF, SPSO

Item No.	Qty	Unit	Item and Description	ABC	Model	Unit Price	Total Price
Fund Source: EARMARKED 2024-04-334 TLA-Lab Fees-CAS-BS							
1	2.00	btl	CHLOROFORM, 2.5L	2,500.00/ btl			
2	12.00	btl	Denatured Alcohol (1 gal per bottle)	600.00/ btl			
3	25.00	btl	Distilled Water, 10L/bot	150.00/ btl			
4	10.00	btl	ETHANOL 95% 2.5L	1,000.00/ btl			
5	6.00	btl	ETHANOL ABSOLUTE, 2.5L	2,500.00/ btl			
6	10.00	btl	FORMALIN (1 gal per bottle)	1,000.00/ btl			
7	2.00	btl	Phenol	900.00/ btl			
8	12.00	pck	TISSUE, interfolded paper towel	34.84/ pck			

Total ABC - 53,168.08

Our Terms and Conditions

1. DELIVERY PERIOD: 45 CALENDAR DAYS UPON RECEIPT OF PO
2. PLACE OF DELIVERY: UPV-SPSO MIAGAO CAMPUS
3. PRICE VALIDITY : 20 DAYS
4. WARRANTY DATE: 6 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: _____ Time: _____

Personally Distributed:

Received by:

 Signature over Printed Name

 Date

 Printed Name / Signature

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

 Date

POSTED ON PURLEPS