

**University of the Philippines Visayas**

Miagao, Iloilo, Philippines 5023

**Supply and Property Services Office**

TeleFAX: (033)3159858/3158141

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

**REQUEST FOR QUOTATION**

Date: **2024-06-11**

Quotation No.: **2024-552**

Mode of Procurement: **SVP**

MPS#: **MPS-2024-0812**

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: spsu.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: 2024-06-18

*Emiliza C. Lozada*  
**EMILIZA C. LOZADA**  
CHIEF, SPSO *9. js*

No.	Qty	Unit	Item (Descriptions / Specifications)	A B C	Model	Unit Price	TOTAL Price
<b>2024-06 YY_MaleTilapia-2024-05-2</b>							
1	3.00	vial	Taq PCR Master mix _premixed ready-to-use solution	<i>25,000</i> <i>/vial</i>			

assigned to: Jesrel T Nobleza

**Our Terms and Conditions**

1. DELIVERY PERIOD **60 WD UPON RECEIPT OF PO**
2. PLACE OF DELIVERY **UPV -SPSO MIAGAO 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: \_\_\_\_\_ Time: \_\_\_\_\_

Personally Distributed:

Received by: \_\_\_\_\_

Signature over Printed Name

\_\_\_\_\_ Date

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Contact: Tel#, Cell# or email address

\_\_\_\_\_  
Date

PhilGEPS: Reference # \_\_\_\_\_ Date \_\_\_\_\_

**POSTED ON PHILGEPS**