

**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: **2024-07-01**

Quotation No.: **2024-415**

Mode of Procurement: **SVP**

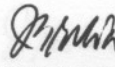
MPS#: **MPS-2024-0824**

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: 2024-07-08

*For:*  *occ 7.2.24*  
**EMILIZA C. LOZADA**  
CHIEF, SPSO

No.	Qty	Unit	Item (Descriptions / Specifications)	A B C	Model	Unit Price	TOTAL Price
<b>TF - Gut Metagenome Y2 Gut_Metagenome-2024-06-4</b>							
1	2.00	bottle	Trizol complete, ready-to-use reagent for the isolation of high-quality total RNA or the simultaneous isolation of RNA, DNA, and protein from a variety of biological samples; quantity: 100 ml; used for: RT-PCR, qPCR, cDNA library construction, NGS, microarray analysis, blot hybridization, Northern/Southern/Western blotting, in vitro translation, nuclease protection assays, nucleic acid labeling, hybridization, enzymatic assays, immunoprecipitation, gel shift assays, 2D gel electrophoresis.	25,000			
2	3.00	bottle	RNAlater 100 ml RNAlater; RNAlater Stabilize and Protect RNA with Immediate RNase Inactivation	25,000			

assigned to: Christie Monotilla

**Our Terms and Conditions**

1. DELIVERY PERIOD 45 wd upon receipt of PO
2. PLACE OF DELIVERY UPV SPSO Miag-ao 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**