


Republic of the Philippines
WEST VISAYAS STATE UNIVERSITY
 La Paz, Iloilo City
 MAIN CAMPUS

REQUEST FOR PRICE QUOTATION

Date:	12/06/21
Quotation No.:	21-12-0176
Based on P.R.:	21-11-1725
Enduser:	URDC
ABC:	98,400.00
Mode:	SVP (Section 53.9)

Please quote your lowest price on the item/s listed below, subject to the General Conditions provided, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than DEC 10 2021 in a sealed envelope.


JULIUS B. UNДАР
 Chairperson , BAC

NOTE:

- All entries must be written in legible ink and if there are erasures the same should bear the initial of the authorized signatory.
- Delivery period within fifteen (15) calendar days
- Warranty shall be for a period of six (6) months for supplies & materials, one (1) year for equipment, from date of acceptance by the Procuring Entity
- Price Validity shall be for a period of 30 Calendar Days
- Phil-GEPS Registration Certificate or Registration Number shall be attached upon submission of the quotation**
- Bidders shall submit original brochures showing certifications of the product being offered
- Include in your submitted quotation the following documents:
 a.) Valid Current Mayor's Permit, b.) Omnibus Sworn Statement, c.) BIR Registration and d.) Latest ITR For above 500,000.00

Item No.	Articles/Description	Brand	Model	ABC / Unit Price	Unit	Qty.	Unit Price	Total Cost
Various Laboratory analysis for the conduct of research, "Determination of Heavy Metal Contents of Commercially Available herbal products."								
1	Test for Lead			1,200.00	tests	16		
2	Test for Cadmium			1,200.00	tests	16		
3	Test for Iron			750.00	tests	16		
4	Test for Zinc			750.00	tests	16		
5	Test for Copper			750.00	tests	16		
6	Test for Manganese			750.00	tests	16		
7	Acid Digestion of Samples			750.00	pieces	16		

Voucher
 Acctg.

Price Validity: _____

After having carefully read and accepted your General Conditions, I/We quote you on the item at prices noted above.

 Printed Name/Signature of Supplier

 Date/Tel. No./Cellphone No. / ADDRESS

 TIN Number

 Philgeps Registration Number

CANVASSED BY:
