

**UNIVERSITY OF THE PHILIPPINES MINDANAO**  
Mintal, Tugbok District, Davao City  
Fax No. (082) 293-0310

**Request for Quotation**

Date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir/Madam:

Please quote your lowest price on the item/s listed below, subject to the General Conditions stated in the attached specifications and submit your quotation duly signed by your representative to UP Mindanao.

**PROF. VICENTE B. CALAG**  
Chair, Bids and Awards Committee

- Notes:
1. This price quotation must be written clearly and signed by authorized signatory.
  2. Delivery period must be within \_\_\_\_\_ days.
  3. Price validity shall be for a period of \_\_\_\_\_ calendar days.
  4. Documentary requirements must be submitted before Issuance of Purchase Order.
  5. Please indicate if items will be delivered to UP Mindanao or for pick-up.

| ITEM NO. | ITEM & DESCRIPTION  | QTY. | UNIT PRICE   | TOTAL PRICE |
|----------|---|------|--------------|-------------|
|          | 3 mL blood tubes, 100s  | 5    |              |             |
|          | 0.5ml blood tubes, 100s   | 5    |              |             |
|          | 10 uL micropipette tips, 1000s  | 2    |              |             |
|          | 200 uL micropipette tips, 1000s   | 2    |              |             |
|          | 1000 uL micropipette tips, 1000s  | 2    |              |             |
|          | 1.5 mL microcentrifuge tubes, 1000s   | 1    |              |             |
|          | 2 mL cryovials, 1000s   | 1    |              |             |
|          | disposable syringes with needles, 100s  | 4    |              |             |
|          | biohazard bags, 100s  | 2    |              |             |
|          | autoclavable plastic, 100s  | 2    |              |             |
|          | Note:<br>*Supplier must have an Official Receipt<br>*Rates above should be Inclusive of Tax<br>*Supplier must accept Purchase Order and payment for the said amount will be in the form of check payable to your company. |      |              |             |
|          |   |      | Total Price: |             |

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

Supplier: \_\_\_\_\_

Tel/Cell No: \_\_\_\_\_

Address: \_\_\_\_\_

Signature over printed name of Representative:

\_\_\_\_\_