

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
	latex gloves	15		
	nitrile gloves	10		
	face mask	5		
	laboratory mat	1		
	cryoboxes, 81 places	10		
	Note: *Supplier must have an Official Receipt *Rates above should be Inclusive of Tax *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:
