

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

Request for Quotation

Date: _____

 Sir/Madam:

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

BAC Chair/Head of Unit

- 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	UNIT PRICE	TOTAL PRICE
	NON CONTACT FOREHEAD INFRARED THERMOMETER	5			
Please Fax to OSA UPMIn 293-1353					

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

Supplier: _____
 Tel. No/Cellphone No. _____
 Address: _____

Signature over Printed Name of Representative _____