

**UNIVERSITY OF THE PHILIPPINES BAGUIO**

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 Telephone No. 074.442.3484
 Email Address: spmo.upbaguio@up.edu.ph

REQUEST FOR QUOTATION (RFQ)

PROCUREMENT PROJECT: Supply and Delivery of Laboratory Sequencing Services for Anti-Cancer Project
 Purchase Request No.: 15127
 Approved Budget for the Contract: Php 90,000.00

Date: 19 October, 2021
 RFQ No.: 2262
 MOP: NP-SVP

INSTRUCTIONS:

1. Accomplish this RFQ correctly and completely.
2. **Bidder should attach a copy of the latest Mayor's/ Business Permit, PhilGEPS Registration and Omnibus Sworn Statement.**
3. Failure to comply with any of the Technical Specifications will disqualify the quotation.
4. **Submit your quotation at the Supply and Property Management Office, UP Baguio OR may email at jebagsic@up.edu.ph and cc: spmo.upbaguio@up.edu.ph with RFQ No. as part of the subject NOT LATER THAN 5:00 PM on 25 October, 2021.**
5. Failure to follow these instructions will disqualify your entire quotation.

Please quote your lowest government price (including VAT) on the item/s listed below, and state the time of which you can make delivery. The information stated below shall be the basis for the evaluation and calculation of your quotation.

sgd.
RODOLFO T. SUYAT, JR
 Chief, SPMO

ITEM NO.	GENERAL DESCRIPTION	STATEMENT OF COMPLIANCE TO TECHNICAL SPECIFICATIONS (PLEASE CHECK)		UOM	QTY	UNIT PRICE	TOTAL PRICE	QUOTED UNIT PRICE	TOTAL QUOTED PRICE
		YES	NO						
1	Various Sequencing Services for fungi and bacteria. Includes PCR purification, Std PCR amplification, Bidirectional DNA std sequencing with BLAST results, Single pass DNA std sequencing with BLAST results, Customized sequencing without gDNA			lot	1	90,000.00	90,000.00		
	-Delivery Period: within 30 calendar days upon receipt of Purchase Order								
	-PLEASE INDICATE WARRANTY OFFERED FOR THE ITEM								
	-*** Nothing Follows ***-								
TOTAL:							90,000.00	BID TOTAL:	
TOTAL QUOTED AMOUNT IN WORDS:									

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

Name of the Company: _____ Tel. No. : _____
 Address: _____ Fax No. : _____
 Name of Representative: _____ Email Address: _____
 Position: _____
 Signature: _____ Date: _____