



# UNIVERSITY OF THE PHILIPPINES

## BAGUIO

Governor Pack Road, Baguio City, Benguet, CAR  
VAT Reg. TIN: 000-864-006-00007

### REQUEST FOR QUOTATION

UPB Office of the Vice Chancellor for Academic Affairs

Date: APR. 20 2022  
RFQ No.: 2502 - PR#  
MOP: Small Value Procurement

Please quote your lowest price on the item/s listed below, subject to the General Conditions below, stating the shortest time of delivery and submit your Quotation duly signed by your representative not later than (APR. 26 2022) in the return envelope attached herewith.

**Note:**

- All entries must be typewritten or in print.
- Delivery for a minimum period of 30 calendar days.
- Warranty shall be for a period of six (6) months for supplies and materials, one (1) year for equipment, from the date of acceptance by the procuring entity.
- Price validity shall be for a period of 90 calendar days.
- PhilGEPS Registration Certificate shall be attached upon submission of the quotation (if applicable).
- Bidders shall submit original brochures showing certifications of the product being offered.
- Bidders must indicate the BRAND and MODEL NUMBER offered when appropriate.

**Others:**

Laboratory Services (Re-Canvass)

ITEM NO.	GENERAL DESCRIPTION	UOM	QTY	Compliance with technical specifications (Pls. check)		UNIT PRICE	TOTAL PRICE	QUOTED UNIT PRICE	TOTAL QUOTED PRICE
				YES	NO				
1	LC-MS analysis including sample preparation, instrument rental, spectral processing	spl	8			PHP 12,200.00	PHP 97,600.00		
<b>TOTAL</b>							<b>PHP 97,600.00</b>		
<b>TOTAL QUOTED AMOUNT IN WORDS: Ninety-Seven Thousand Six Hundred pesos and Zero cents</b>									

Please quote at your government price (Including VAT) and state the time within which you can make delivery. It will be appreciated if we can have your quotation in the office as soon as possible on or before the deadline stated herein.

RODOLFO T. SUYAT  
ADMINISTRATIVE OFFICER III

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

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