



Republic of the Philippines  
BULACAN STATE UNIVERSITY  
City of Malolos, Bulacan

## REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES

**\*\*Mandatory to fill in\*\***


COMPANY NAME:	Quotation No. 23-09-642
CONTACT No.	Purchase Request No. F-2023-09-0323
Address:	Purpose: Toxo-IWAS Project Implementation
TIN No.	ABC: 163,100.00
PhilGEPS Registration No.	Please indicate days of delivery: _____ Calendar Days
EMAIL ADDRESS:	upon receipt of Purchase Order

## INSTRUCTIONS TO SUPPLIERS:

1. Please **quote your lowest price** on the item/s listed below **comprising the necessary taxes**.
2. It is mandatory to **indicate the brand and/or model** of the items being offered and to **attach a brochure** thereof whenever applicable
3. Indicate the **warranty period** in cases of equipment or whenever applicable.
4. Forthwith submit the accomplished quotation **duly signed by your representative**.
5. Suppliers are required and mandated to attach and submit the following documentary requirements:  
**a) Valid Mayor's/ Business Permit;   b) BIR Certificate of Registration;   c) Authority to Print Receipt;   d) PhilGEPS Membership Certificate   and   e) Omnibus Sworn Statement**
6. All items must conform with the **internationally accepted standard** and **sub-standard items shall not be accepted**.

Pls. fill up this  
blank space

ITEM NO.	ITEM & SPECIFICATION	QTY UNIT	BRAND & MODEL OFFERED	UNIT PRICE	TOTAL PRICE
	<b>Restriction enzymes:</b>				
1	Sau96 I - 1,000 units	vial 1			
2	Hae II - 2,000 units	vial 1			
3	Mbo I - 500 units	vial 1			
4	Hha I - 2,000 units	vial 1			
5	Hinf I - 5,000 units	vial 1			
6	Taq I - 4,000 units	vial 1			
7	Mse I - 500 units	vial 1			
8	BsmA I - 1,000 units	vial 1			
9	Mbo II - 300 units	vial 1			
10	HpyCH4 IV - 500 units	vial 1			
11	Rsa I - 1,000 units	vial 1			
12	Hae III - 3,000 units	vial 1			
13	Nla III - 500 units	vial 1			
14	Ava I - 2,000 units	vial 1			
15	Afl II - 2,000 units	vial 1			
16	Dde I - 1,000 units	vial 1			
	<b>BY LOT</b>				
	<b>NOTE: Please attach brochure and indicate days of delivery</b>				

Accomplished by:	By the authority of the University President.
Supplier's Representative (Print name and Signature)	 DR. CECILIA A. GERONIMO BAC Chairperson
Date Accomplished :	Canvassed by:
	Name and Signature

BulSU-OP-PU-03F3  
Revision: 1