



Project Reference Number: _____
 Name of the Project: _____
 Location of the Project: _____
 Date: _____
 Quotation No. _____
 Company Name _____
 Address _____

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than _____ in the return envelope attached herewith.

CORAZON R. ABABA
 Procurement Officer

- NOTE:
1. THE APPROVED BUDGET FOR THE CONTRACT IS _____.
 2. ALL ENTRIES MUST BE TYPEWRITTEN.
 3. DELIVERY PERIOD WITHIN _____ CALENDAR DAYS.
 4. WARRANTY SHALL BE FOR A PERIOD OF three (3) MONTHS FOR NON-EXPENDABLE SUPPLIES ONE (1) YEAR NON-EXPENDABLE SUPPLIES FROM DATE ACCEPTANCE BY THE PROCURRING ENTITY.
 5. PRICE VALIDITY SHALL BE FOR A PERIOD OF _____ CALENDAR DAYS.
 6. PHILGEPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION.
 7. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATION OF THE PRODUCT BEING OFFERED.

ITEM No.	Unit	ITEM & DESCRIPTION	QTY	UNIT PRICE	TOTAL
1	pc	Crystal violet, 25g	1		
2	pc	Gram's iodine solution, 250g	1		
3	pc	Safranin O, 25g	1		
4	pc	Sudan Black B, 25g	1		
5	pc	Ethanol, Analytical grade, 2.5L	1		
6	pc	Nutrient agar, 500g	1		
7	pc	Salmonella shigella agar, 500g	1		
8	pc	Triple sugar iron agar, 500g	1		
9	pc	Total plate count agar, 500g	1		
10	pc	Potato dextrose agar, 500g	1		
11	pc	Tartaric acid, 100g	1		
12	pc	Lauryl tryptose, 500g <i>broth</i>	1		
13	pc	Eosin methylene blue agar, 500g	1		
14	pc	Violet red bile agar, 500g	1		

Brand and Mode _____	_____
Delivery Period: _____	_____
Warranty: _____	_____
Price Validity: _____	_____

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

 Printed Name / Signature

 Tel. No. / Cellphone No.
 e-mail address

 Date