



DMC Compound, Corner Dumanlas & Friendship Rd.,  
Bajada, Davao City  
Tel. Nos. 226-3921 / 227-5672 / Fax (082) 221-5295 / 226-3921


**Request for Quotation**

RFQ NO. 17-04-309  
DATE: May 3, 2017

Gentlemen:

This is a request for quotation on item(s) enumerated hereunder, if you are interested and in a position to furnish the same. We shall be glad to have your best price, terms and conditions of delivery submitted not later than 10:30 a.m. on \_\_\_\_\_ addressed to the BAC Chairman, DOST XI, Regional Office No. XI, DOST Bldg., DMC Compound, Bajada, Davao City Marked "REQUEST FOR QUOTATION".

ITEM NO.	QTY	UNIT	ARTICLE / DESCRIPTION	UNIT COST	TOTAL COST
	1	unit	Lab Blender/homogenizer/stomacher Dimension: 16.5"W x 10.25"D x 10.5"H 110-240 V All stainless steel Window Door Multifunction Digital Screen Super Silent Homogenizing Silent Brushless Motor Noise Cancelling Case Adjustable Blending Power Useful Volume/capacity: 50 to 400 ml Variable Speed: (4,6,8,10 strokes/sec.) Variable Time: (1 sec.- 1 h or open running/count down) Variable Power, adjustable paddles with on-screen indication Side-by-side paddle stop:easy insertion of bag Easy Cleaning:click & clean removable paddles system Integrated Security Drip Tray Fully Opening Door /Total Access System Door Opens Flat LightCode: color status LED White polycarbonate blending chamber White LED light in blending chamber		

  
**ALVIN P. JUSTO**  
SUPPLY & PROPERTY OFFICER

Very truly yours,  
  
**ELSIE MAE A. SOLIDUM**  
BAC Chairperson

Prices of the above offers are certified correct:  
  
\_\_\_\_\_  
Authorized Signature

**IMPORTANT**  
When offering substitute or equivalent, specify brand or make. Submit your quotation in envelope closed and pasted by indicating the number of the quotation, date & time of opening. **DUE DATE: FIVE (5) WORKING DAYS AFTER RECEIPT OF THIS RFQ. ONLY THE BIDS SUBMITTED ON OR BEFORE THE TIME & DATE SPECIFIED WITH PRICES IN DUPLICATE WILL BE CONSIDERED.**

\_\_\_\_\_  
Name of Firm  
  
\_\_\_\_\_  
Address of Firm  
 Vat  
 Non-vat

DATE RECEIVED : \_\_\_\_\_  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Tax Identification No. (TIN)  
\_\_\_\_\_  
Telephone Number