



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. 17-05-404  
DATE: June 8, 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
	10	box	Petrifilm Coliform./E.coli Plate,50 plates/box Expiry date: 2018-2019		
	5	box	Petrifilm S.aureus Confirmation Disk, 20disk/box Expiry date: 2018-2019		
	15	box	Petrifilm S. Aureus Plate, 50 Plate/box Expiry date: 2019-2019		
	5	box	Petrifilm Salmonella Confirmation Disk, 5 disk/box Expiry date: 2018-2019		
	8	box	Samonella Enrichment Base, 500 g/bottle Expiry date: 2018-2019		
	8	box	Salmonella Enrichment Supplement (1.0g/vial) Expiry date: 2018-2019		
	8	box	Petrifilm Salmonella Plate (SALX) , 50 plates/box Expiry date: 2018-2019		

  
ALVIN P. JUSTO

SUPPLY & PROPERTY OFFICER

Very truly yours,

Prices of the above offers are certified correct:

  
ELSIE MAE A. SOLIDUM

BAC Chairperson

**IMPORTANT**

Authorized Signature

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