



PAMANTASAN NG LUNGSOD NG MAYNILA
(University of the City of Manila)
 Intramuros, Manila

REQUEST FOR PRICE QUOTATION

Date: _____
 RFQ No.: _____

Company Name: _____

Address: _____

TIN: _____

Business Permit No.: _____

PhilGEPS Cert. No.: _____

Please quote your best offer for the item/s described below, subject to the Terms and Conditions provided at the back portion of this request for quotation. Submit your quotation duly signed by you or your duly authorized representative not later than _____.

Open quotations may be submitted, manually or through facsimile or email at the address and contact number indicated below.


Atty. MAY ANGELI M. ESTOLAS
Acting Chief, Procurement Office

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s for the item/s as follows:

Item Description	Qty.	Unit of Issue	Approved Budget for the Contract (ABC)	OFFER				Remarks
				Price (Inclusive of Tax)		Compliance with Technical Specifications (please check)		
				Unit Price	Total Price	Yes	No	
Three (3) Months Rental of Virtual Scanning Microscope Technical Specifications: Capacity: 4 slides Scan Time 20x for 15mmx15mm): 2.5 min. or faster Live Option: Yes Monitor: Available File Format: SVS, SWS, TIFF, JPG, JPG2 Power: AC 100-240V Barcode Support: Yes Terms of Reference: <ul style="list-style-type: none"> Rental period for three (3) months upon delivery Training for personnel must be initiated prior to the start of the rental period Availability of on-site and/or off-site customer support Unit may be used by 1-2 personnel Option of using the device outside of PLM for greater accessibility of the instrument by the end-user 	1	lot	99,000.00					

Gen. Luna cor. Muralla Sts., Intramuros, Manila
 Telefax No. (02)528-4592, Email add: procurement@plm.edu.ph

Delivery must be within thirty (30) calendar days upon receipt of the Purchase Order							
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This is to certify that I personally conducted the canvass and that the data herein are true and correct.


NOLI C. DISCAYA, JR.
Canvasser

Mobile No.: 0925-7305799
Email Add.: ncdiscaya@plm.edu.ph

Payment Terms: _____

Delivery Period: _____

(Signature over Printed Name)

Tel. No.: _____

Mobile No.: _____

E-Mail: _____