



REQUEST FOR QUOTATION (RFQ)

Date: October 18, 2022

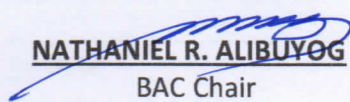
PR No. 2022-10-208 (07308603)- DFST

Sir/Madam:

Please quote your lowest price on the item/s listed below, and submit your quotation duly signed by you or your duly authorized representative not later than **3 days** subject to the Terms and Conditions provided at the last page of this RFQ.

Delivery period must be at least within **20 days** upon receipt of the Notice to Proceed or Purchase Order.

For any clarification, you may email us at bac@mmsu.edu.ph.


NATHANIEL R. ALIBUYOG
BAC Chair

ITEM	QTY	Unit	ITEM DESCRIPTION	ABC/unit	UNIT PRICE
	1	pack	Compact Dry™ for Salmonella (SL), CD-SL, 100 pcs/pack	15,000.00	
	1	pack	Compact Dry™ for E. coli /Coliform Count (EC), CD-EC (AOAC No. 110402), 100pcs/pack	10,000.00	
	1	pack	Compact Dry™ for Staphylococcus aureus (XSA), CD-XSA (AOAC No. 081001), 100pcs/pack	15,000.00	
	5	gram	Selenite cystine broth, suitable for microbiology, 100g	59.20	
	1	gram	Bismuth Sulphite Agar, 500g, for the isolation and differentiation of Salmonella typhi	2,289.59	
	1	bot	MANNITOL SALT AGAR, for Staphylococcus detection, 500 grams per bottle	4,300.00	
	1	gram	Tryptic Soy Broth, Tryptic Soy Broth, 100g	4,806.74	
	2	bot	Buffered Peptone Water (Cat no. B1400), 1 bottle (500g)	2,500.00	
	1	pack	Compact Dry™ for Bacillus cereus (XBC), CD-XBC, MicroVal No. 2011-LR41, 100pcs/pack	15,000.00	

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MARIANO MARCOS STATE UNIVERSITY
Procurement Division
Request for Quotation (RFQ)
(Goods and Services)

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Effectivity Date	April 20, 2022	

	1	pack	Compact Dry™ for Total Count (TC), CD-TC (AOAC No. 010404), 500pcs/pack	24,000.00	
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TOTAL ESTIMATED BUDGET: 95,692.33

REMARKS/NOTE: _____

After having carefully read and accepted your Terms and Conditions, I/we submit our quotation/s on the item/s at prices indicated above.

Business Name: _____
 Business Address: _____
 Printed Name of the Owner: _____
 TIN: _____
 PhilGEPS Registration Number: _____
 Business Permit: _____
 Omnibus Sworn Statement: _____
 Annual Income Tax Return: _____

 Signature over Printed Name

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

 Date

Canvassed by: _____

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