

Name of Procuring Entry:		CENTRAL MINDANAO UNIVERSITY	Request for Q	Request for Quotation (P. R. No.):		TF (NP-SMALL VALUE)- 445		
	Revised on:	DECUTET FOR OUTTATIO	05/5//	RY DELA CRUZ				
	Standard Form / Title: COMPANY NAME:	REQUEST FOR QUOTATION	ON Office/End-User	RT DELA CROZ				
	ADDRESS:							
	TEL. NO./FAX NO.:		TIN:					
	signed by your represent MINDANAO UNIVERSITY TERMS and CONDI 1. All entries m 2. Delivery period Administration without valid without valid years IT Equition 1. Price validity 5. Negotiated Price and MINDANA Price validity 1. Negotiated Price val	tative not later than 01: ', University Town, Musu TIONS: ust be typewritten or legible od within 30 days upon reve penalties pursuant to Set I reason.	y written. eceipt of the approved funde c. 69 of the Revised IRR-RA 9: ee (3) months for supplies an ance by the end-user. cy (60) calendar days. ve 50,000.00)	in the return envelope attached		HERMIE P. PAVA BAC Chairperson for Goods and Services		
EM IO.	6. Bidders shal		of the product.	UNIT	UNIT COST	UNIT PRICE	TOTAL PRIC	
1	Ethanol, Absolute Research (AR) gra Glass Bottle, 2.5L/		75	bottles	4,000.00	11102		
	0.000 00.00, 2.00							
					-			
							-	
		OTAL AMOUNT.					199	
ote:	The awarding for this	OTAL AMOUNT: RFQ will be on Per-i	tem basis.	1				
	se: PHARMAFERN Sca							
	Brand and Model :			Warranty	:			
	Delivery Period/Te		Price Validity :					
		iod, Warranty and Pric	cepted your General Co ce Validity are left blank					
	FLORANTE D. M.	Printed Name/ Signature/Date						
	Canvasser			Tel. No./ Mobile No./ E-mail Address				