REQUEST FOR QUOTATION Western Mindanao State University

	Q					uotation No.:		
		PR No.: 25-09-397(REBID)						
	t time of	delivery	our lowest price on the item/s listed below, subject to the and submit your quotation duly signed by your represent in envelope attached herewith. Any quotation submitted be	ative not later than	70 02	2025		
OTE:	2 DELIVERY PERIOD 3 WARRANTY SHALL BE FOR DATE OF ACCEPTANCE BY 4 PRICE VALIDITY SHALL BE F		TRIES MUST BE TYPEWRITTEN RY PERIOD CALENDAR DAYS UPON RECEIPT OF THE PUNTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES OF ACCEPTANCE BY WESTERN MINDANAO STATE UNIVERSITY (ALIDITY SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS UPON REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMIS	JRCHASE ORDER. AND MATERIALS. ONE (1) YE I RECEIPT OF THE PURCHA	person for G EAR FOR EQUI	GOODS		
Item	Qty 6		S SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATION Item and Description	Approved Budget for	G OFFERED Unit Cost	Total Cost		
No. 1.	1	set	Continuous Veterinary Injector . Material: Stainless Steel . With needle set (10 pcs) and bottle . Capacity: 5 ml 2,500.00/set.	P2,500.00	Unit Cost	Total Cost		
2.	5	bottles	Doxycyline Solution . 100 ml. (injectable vaccine). 650,00/bottles.	P3,250.00				
3.	1	box	Doxycline with Vit A+B12 . 48 sachets/box . Expiry date is 3 years after delivery 3,000.00/box.	P3,000.00				
1.	1	bottle	Probiotics for Chicks . Multivitamin/Minerals/Amino acids/B Complex 1,300.00/bottle. DELIVERY: WMSU MAIN CAMPUS, BALIWASAN, ZAMBOANGA CITY.	P1,300.00				
			Note: For the College of Agriculture (Assessment or Biosafety and Biosecurity Practice of ZNC) of the University	i i				
			1	of 1	Total: _			
DS D2	eference N	lumher		Branc	d & Model			
EPS Solicitation Number :EPS Closing Date :				Delivery Period : Warranty : Price Validity :				
			fully read and accepted your General Conditions, the foregoing	are our price quotation for	the items abo	ve indicated.		
				GEPS Certificate No.:tificate Reference No.:				
			ANTO / DANNI-VINCENT VILLAREAL Canvasser	Printed Name/Signature Tel .No./Cellphone#				
					Date			