## REQUEST FOR QUOTATION Western Mindanao State University

Monoco				Que	otation No.: _		
	PR No: 25-11-469						
sh at	ortest tim	ne of delivery	rour lowest price on the item/s listed below, subject to the G and submit your quotation duly signed by your representa rn envelope attached herewith. Any quotation submitted be	tive not later than	DEC 10	2025	
N	OTE:			BAC Cha	D. MADROÑ airperson for G	OODS	
	2 DE 3 W. DA 4 PF 5 G-	ELIVERY PER ARRANTY SH ATE OF ACCE RICE VALIDIT EPS REGISTI	ALL SUBMIT THEIR REQUEST FOR QUOTATION (RFQ) DULY  IOD CALENDAR DAYS UPON RECEIPT OF THE PURC  IALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES A  IPTANCE BY WESTERN MINDANAO STATE UNIVERSITY  Y SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS UPON  RATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISS  L SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATION	CHASE ORDER.  ND MATERIALS. ONE  RECEIPT OF THE PURION OF THE QUOTATI	V (1) YEAR FOR I RCHASE ORDE ION	EQUIPMENT, FROM R	
Item No.	Qty	Unit	Item and Description	Approved Budget for the Contract (ABC)	Unit Cost	Total Cost	
1.	2	pcs	TEST TUBE, 15mL Made of Borosilicate Glass. 65.00/pcs.	P130.00			
2.	2	pcs	TES TUBE, 20mL Made of Borosilicate Glass. 75.00/pcs.	P150.00			
3.	2	bottles	Polyvinyl Alcohol 500g . 409.00/bottles.	P818.00			
4.	2	bottles	Xanthan Gum 250g . 312.00/bottles.	P624.00			
5.	1	bottle	Methylparaben 100g . 420.00/bottle.	P420.00			
6.	1	kilo	Glycerin . 276.00/kilo.	P276.00			
7.	1	bottle	1,1- diphenyl-2-picrylhydrazyl (DPPH) 250mg. 5,412.00/bottle.	P5,412.00			
8.	1	kilo	Bentonite . 263.00/kilo.	P 263.00			
9.	1	kilo	Kaolin . 390.00/kilo.	P 390.00			
10.	1	bottle	Sodium Lauryl Sulfate 500g . 2,220.00/bottle.	P2,220.00			
11.	1	bottle	Titanium dioxide 500g. 660.00/bottle.	P 660.00			
12.	1	bottle	Butylated hydroxytoluene 250g . 628.00/bottle.	P 628.00			
13.	1	kilo	Stearic Acid . 444.00/kilo.	P 444.00			
EPS Reference Number : Brand & Model Delivery Period Warranty Price Validity							
El	PS Closing Af	-	efully read and accepted your General Conditions, the foregoing a	re our price quotation fo	or the items abov	ve indicated.	
			Philo	EPS Certificate No	•		
				ficate Reference N	3		
Printed Name/Signature  REY ESPIRITUSANTO / DANNI VINCENT VILLAREAL						ature	
			Canvasser	Tel	.No./Cellphone	#	
	Date						

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Western Mindanao State University

-			Quotation No.:				
	PR No: 25-11-469						
	PI	ease quote y	our lowest price on the item/s listed below, subject to the G	General Conditions or			
			and submit your quotation duly signed by your representation envelope attached herewith. Any quotation submitted be		ot beconsidered.		
N	OTE:			BAC Cha	D. MADROÑAL, DPA airperson for GOODS		
	2 DI	ELIVERY PER	IALL SUBMIT THEIR REQUEST FOR QUOTATION (RFQ) DULY IOD CALENDAR DAYS UPON RECEIPT OF THE PURC	CHASE ORDER.			
	D/ 4 PF 5 G-	ATE OF ACCE RICE VALIDIT EPS REGISTI	IALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES AI EPTANCE BY WESTERN MINDANAO STATE UNIVERSITY Y SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS UPON RATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISS LL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATION	RECEIPT OF THE PUI	RCHASE ORDER ION		
14.	1	kilo	Cetyl Alcohol . 444.00/kilo.	P 444.00			
15.	1	kilo	Triethanolamine . 252.00/kilo.	P 252.00			
16.	1	liter	Virgin Coconut Oil . 348.00/liter.	P 348.00			
17.	1	bottle	Fragrance scent 100mL . 404.00/bottle.	P 404.00			
18.	1	bottle	Sodium Sulfate 500g . 1,294.00/bottle.	P1,294.00			
19.	1	bottle	Ascorbic Acid 250mL . 816.00/bottle.	P 816.00			
20.	1	box	Glass slides (clear, 72's) . 70.00/box.	P 70.00			
21.	1	box	Inoculating Swab . 252.00/box.	P 252.00			
22.	5	sets	Cuvette Tubes (10mm Quartz cuvette, 2's) . 834.00/sets.	P4,170.00			
23.	1	pc.	Multifunctional Peeler. 30.00/pc	P30.00			
24.	20	pcs	Tube Squeeze bottle (35mL) white . 23.00/pcs.	P 460.00	-		
25.	1	tube	Peel- off face Mask (Over- the - counter) 10g. 35.00/tube.	P 35.00			
26.	20	pcs	Jar Cream Containers (round cream jar, white) 25g . 9.00/pcs.	P 180.00			
27.	30	pcs	Vacuum Lotion Cream Pump Bottle (Vacuum spray airless) 15mL . 32.00/pcs.	P 960.00			
		nce Number	: <b>2</b> o	Del	nd & Model :ivery Period :		
	:PS Solicita :PS Closing	tion Number		Pric	rranty : ce Validity :		
L			efully read and accepted your General Conditions, the foregoing a	re our price quotation fo	or the items above indicated.		
PhilGEPS Certificate No.:  Certificate Reference No.:							
							<u>R</u>
				Tel	.No./Cellphone #		
				* Andrews Control of the Control of	Date		

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-	PR No: 25-11-469					
sl a	nonest ur	ne or delivery	your lowest price on the item/s listed below, subject to the G y and submit your quotation duly signed by your representat Irn envelope attached herewith. Any quotation submitted be	ive not later than	<u> </u>	
N	OTE:			BAC Cha	DAIADROÑAL, DPA airde son for GOODS	
	2 D 3 W D 4 Pl 5 G	ELIVERY PER /ARRANTY SH ATE OF ACCE RICE VALIDIT -EPS REGIST	IALL SUBMIT THEIR REQUEST FOR QUOTATION (RFQ) DULY RIOD CALENDAR DAYS UPON RECEIPT OF THE PURCHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES AND STANCE BY WESTERN MINDANAO STATE UNIVERSITY Y SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS UPON IN RATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION LESUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATION	CHASE ORDER.  ND MATERIALS. ONE  RECEIPT OF THE PURION OF THE QUOTATI	(1) YEAR FOR EQUIPMENT, FROM RCHASE ORDER ION	
28.	2	tubes	Foot Cream (Over-the-counter) 50mL. 108.00/tubes.	P 216.00		
29.	2	tubes	Hand Cream (Over-the-counter) 30mL . 119.00/tubes.	P 238.00		
30.	2	bottles	Clay Face Mask (Over-the-counter) 30g . 239.00/bottles.	P 478.00		
31.	1	box	Gilas Disposable Plastic Gloves. 39.00/box.	P 39.00		
32.	1	gallon	Nature Spring Distilled Water 4L . 55.00/gallon.	P 55.00		
			Analytical Research Center (PARC) of the University		Total:	
			3 0	f 3		
E		nce Number ation Number g Date		Brand & Model : Delivery Period : Warranty : Price Validity :		
	A	fter having care	efully read and accepted your General Conditions, the foregoing ar	e our price quotation fo	r the items above indicated.	
				PhilGEPS Certificate No.:  Certificate Reference No.:		
REY ESPIRITUSANTO / DANNI VINCENT VILLAREAL					Printed Name/Signature	
	13		Canvasser	Tel	.No./Celiphone #	
Date					Date	