



Excellence | Service | Leadership and Good Governance | Innovation | Social Responsibility | Integrity | Professionalism | Spirituality

SOUTHERN LEYTE STATE UNIVERSITY		REQUEST FOR QUOTATION FORM & NOTICE GOODS		
Office/Campus:	CONFOR			
Address/Contact Details:	San Roque, Sogod, Southern Leyte			
		RFQ No.	2025-05-0253	
		Date:		

## GENTLEMEN:

May we request for quotation on materials enumerated hereunder. If you are interested and in a position to furnish the

Delivery within <u>14</u> working days upon receipt of approved Purchase Order (PO).

PR No. 2025-05-0145		5-0145				
ltem #	QTY.	UNIT	ITEM/DESCRIPTION	APPROVED BUDGET	UNIT COST	TOTAL COST
De	evelopmen	t and Com	mercialization of the Futures of TARO.			
1	1	kl	Fructooligosaccharide	3,000.00		
2	1	pack	Citric Acid (1kl)	2,000.00		
3	1	kl	Carboxymethyl cellulose	2,000.00		
4	1	kl	Sodium metabisulfite	2,000.00		
5	1	pack	Konjac Gums (500g)	3,000.00		
6	1	pack	Yogurt Starter	1,500.00		
7	1	bottle	Salivary Amylase (a-amylase) (500g)	5,000.00		
8	1	bottle	Pepsin (100g)	4,000.00		
9	1	bottle	bile extract powder (500g)	5,000.00		
10	1	liter	Carbonate Buffer (1L)	2,000.00		
11	1	kg	Sodium Hydroxide	1,500.00		
12	1	liter	Hydrochloric Acid	3,000.00		
13	1	bottle	Pancreatin (500g)	3,000.00		
14	1	bottle	Amyloglucosidase enzyme (500g)	5,000.00		
15	1	bottle	Sodium Bicarbonate (500g)	1,500.00		
16	1	bottle	Phenol Solution	3,000.00		
17	1	liter	DNS reagent	3,000.00		
18	1	bottle	Potassium Sodium tartrate	3,000.00		
19	1	bottle	Glucose Standard (1L)	2,000.00		
20	1	bottle	Folin-ciocalteu reagent (500g)	3,000.00		
21	1	liter	Sulfuric Acid	3,000.00		
22	1	bottle	Gallic Acid (1L)	2,000.00		
			TOTAL:	62,500.00		
Delivery	Term					
Payment Term			If payment for deposit, please p	rovide bank details:		

same, we shall be glad to have your best prices.

Very tr	uly	yours,
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IMPORTANT:

CHRISTINE ALMA MAE M. DAGUPLO

**BAC** Chairperson

NIEL O. TABALE

Authorized Company Representative

(Signature over Printed Name)

PRICES IN THE ABOVE OFFER ARE CERTIFIED TRUE AND CORRECT:

Company Name	
Address	
Tel. Nos.	
T. I. N.	
	Address Tel. Nos.



