

UNIVERSITY OF THE PHILIPPINES
UP Los Banos
College, Laguna
Request for Quotation
CVM Veterinary Teaching Hospital (VTH)

[Signature]
SIGNATURE
8-05-17
DATE

8-325-17R

SEP 05 2017

SUPPLIER'S NAME:

Date Prepared: 07/19/17 (Wed)
3:45 PM
RFQ No.: 3807
Fund Code: Revolving Fund (164)
Mode of Procurement: Small Value Procurement (Sec.53.9)
Evaluation and award: PER LOT BASIS ONLY
Contact Person/ End-user: Dave G. Escosura
Contact No./ Email Add.: (049) 536-0863/dgescosura@gmail.com

Please quote your lowest price on the item/s listed below, subject to the Terms and Conditions on the last page, starting the shortest time of delivery and submit your Quotation duly signed by your representative not later than () in the return Envelope attached herewith.

- Note:
- All entries must be written in print and properly accomplished. Do not leave blank entries. Put N/A for not applicable.
 - Bidders must indicate the BRAND and MODEL NUMBER for equipment and its accessories or peripherals. Evidence shall be in the form of manufacturer's un-amended sales literature, unconditional statements of specification and compliance issued by the manufacturer, samples, independent test data etc., as Quotation through fax/email is acceptable. Winning bidder shall submit original signed RQ before issuance of Purchase Order (PO).
 - In order to assure that manufacturing defects shall be corrected by the supplier, a warranty security shall be required from the contract awardee for a minimum period of three (3) months, in the case of Expendable Supplies, or a minimum period of one (1) year, in the case of Non-expendable Supplies, after acceptance by the Procuring Entity of the delivered supplies.
 - Delivery period within _____ calendar days
 - Documentary requirements per Memorandum No. 03, Series of 2017 shall be attached upon submission of the quotation (for new suppliers).
 - Others:

RFQ for PR No. 12929

LOT #	ITEM #	GENERAL NAME OF THE ITEM	REQUIRED SPECIFICATIONS	Qty.	Unit of Issue	Estimated Unit Cost	Estimated Total Cost	OFFERED SPECIFICATIONS Suppliers must state here the detailed technical specifications of their offer against each of the individual parameters of each requirements.	UNIT PRICE	TOTAL COST	EVALUATION (Leave this space blank: For BAC/ Evaluators only)
	1	Dewormer, Pyrantel Pamoate	14.4 mg/ml oral syrup for dewormer, 60 ml bottle	30	btl	150.00	4,500.00	<type here brand and model no.>			
	2	Medication, Epinephrine	solution for injection, 1mg/ ml, 1ml/ ampule, 10amp/ box	7	apl	900.00	6,300.00				
	3	Vaccine, Multivalent for dogs	containing modified live virus of attenuated strains of CD virus, CAV-2, CPI virus and CPV combined with the bacterin L. canicola and L. icterohaemorrhagiae, 1 ml/dose, 1 ml/vial	1200	vl	190.00	228,000.00				
	4	Vitamins, Phytomenadione	10 mg/ml, 1 ml/ampule	40	apl	100.00	4,000.00				
						TOTAL ABC:	P242,800.00	TOTAL AMOUNT:			
Reviewed and Checked By:								IN WORDS:			

[Signature]
A. [Signature]

[Signature]
Dave G. Escosura
Buyer

Please quote at your government price (including VAT) and state that the time within which you can make delivery. It will be appreciated if we can have your quotation in the office as soon as possible and on or before the deadline stated herein.

TERMS AND CONDITIONS:

- Bidders shall provide correct and accurate information required in this form.
- Price quotation/s must be valid for a period of atleast thirty (30) calendar days from the date of submission.
- Price quotation/s, to be dominated in Philippine Peso shall include all taxes, duties, and /or levies payable.
- Quotations exceeding the Approved Budget for the Contract shall be rejected.
- Award of contract shall be made to the lowest quotation which complies with the technical specifications, and other terms and conditions stated herein.
- UPLB reserves the right to reject any or all offers and accept an offer as may be considered most advantageous to the University.
- Any interlineations, erasures, or overwriting shall be valid only if they are signed or initiated by you or any of your duly authorized representative/s.

After having carefully read and accepted your Terms and Conditions, I/We quote you on the item at prices noted above.

Name of the Company: _____ Tel. No. : _____
Address: _____ Fax No. : _____
Name of Representative: _____ Email Address: _____
Position: _____ Date: _____
Signature: _____

Requirements for Suppliers (Memorandum No. 03, Series of 2017)	Shopping	SVP	Scientific	Lease	Emergency
1 Mayor's/ Business Permit:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 PhilGEPS Registration Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Professional license/ CV (consulting services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 PCAB License (for Infrastructure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Income / Business tax returns (except for government agencies as lessors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> for ABCs >500k	<input type="checkbox"/>	<input type="checkbox"/> for ABCs >500k
6 Omnibus Sworn Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 NFCC for Infrastructure with ABC above PhP500k	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>