

## UNIVERSITY OF THE PHILIPPINES

LOS BANOS Los Banos, IV-A VAT Reg. TIN: **000-864-006-00004** 

Request for Quotation/ Bid Form (Technical Specifications)

<u>CVM Veterinary Teaching Hospital</u>

UPLB BAC SECRETARIAT
BY: DATE: 11-11-10

NOV 16 2020 9:00

1-113-10 cm UPLE-RO- V-113 - WO DEADENE OF SUBMISSION

SUBMISSION:

DEADLINE OF PLECAMARC

statement of

EVALUATION

	Suppliers Name:					Date	04 August 2020	)	
						Fund Code:	9107000		•
						MOP: Competitive Bio			
						Contact No: Contact Person	(049) 536-0863		
						Contact Person	Dave G. Escosu	ra	-
TEM No.	3 Bidder must indic 4 Quotation through 5 Quotations exceed 6 Documentary requi 7 Others.	Please quote your lowest price on tide correct and accurate information required in this be denominated in Philippine Pass shall include ate the BRAND and MODEL NUMBER for equipmatemail is acceptable. Winning bidder shall subting the Appowed Budget for Contract shall be rejerements per Memorandum No. 03 Series of 2017  BEQUIRED SPECIFICATIONS	s form. All all taxes, d nent and its mit original	entries uties, acces signed	s must be typewritte and/ or levies payal ssories or periphera I RQ before issuand	on or in print and proble. Is Evidence shall be of Puchase order of the quotation  ESTIMATED TOTAL	operly accomplished. Do not leave to be in the form of manufacturer's un- or (P.O.).  OFFERD SPECIFICATION Supplers must state bars the detailed.	amended sale liter	
1	Anesthetic, Tiletamine HCI, zolazepam base	Tiletamine HCl 125 mg, zolazepam base 125 mg, reconstituted soln 50 mg/mL, 5mL/bottle,for IM injection	btl	30	2000	60,000.00			
2	Anesthetic, Xylazine hydrochloride	100 mg/ml, 50 ml/bottle	bti	2	4580	9,160.00			
3	Medication, Atropine sulfate	injectable, 0.65 mg/ml, 1 ml/ ampule	vI	150	200	30,000.00			
4	Meloxicam	IM, SC injectable, 5 mg/ml, 100 ml/bottle	btl	1	2380	2,380.00			
5	Antibiotic, Cefazolin	1 g Cefazolin / vial powder for injection, 10 vials/box	box	1	600	600.00			
			-		TOTAL ABO	102,140.00		-	
	Reviewed and Chec	fred Bu: 1000 1					TOTAL QUOTED AMOUNT IN	WORDS:	
Pleas	e quote at your gove	Aidal A. Efficiation 13 August 4229 BAC TWG ernment price (including VAT) and state that as soon i	t the time	within	n which you can or before the dea	make delivery. It dline stated here	will be appreciated if we can h	ave your quota	tion in the office
							Dave G. Escosura		
ERMS AND CONDITIONS:							BUYER END-USER		
Deliving Awar	ES, or a minimum of o s. ery period within d of contract shall be ma d reserves the right to rej nterlineations, erasure, o	d for a period of at least (30) calendar days from the d acturing defects shall be corrected by supplier, a warm one (1) year warranty and two (2) to three (3) years calendar days date to the lowest quotation wich complies with the tech ect any or all offers as may be considered most adva or overwriting shall be valid only if they are signed or in	anty security extended v	shall b	, and other terms an	d conditon stated her	ein	s, in the case of EX ce by End-user of th	PENDABLE te delivered
equin	ments for Suppliers (	GPPB Resolution No. 21-2017)			, , , , , , , , , , , , , , , , , , , ,	and representativess.			
	Mayor's/Business Permi	REQUIREMENTS	Shoppi (Section		Negotiated Procurement- Small Value Procurement (Section 53.9)	Negotiated Procurement- Lease of Real Property or Venue (Section 53, 10)	Negotiated Procurement- Scientific, Scholarly or Artistic Work, Exclusive Technology and Media Services (Section 53.6)	Negotiated Procurement- Emergency (Section 53.2)	
2	PhilGEPS Registration h	lumber	1		/	/	/		
4	PCAB License (for Infrae	(consulting services)		N. Proper	/	/	/	/	
5	Income / Business tax re	sturns (except for government agencies as lessor)			FOR ABO'S ABOVE		THE STATE STATE OF THE STATE OF		
	Omnibus Sworn Stateme				500K		/	FOR ABC'S ABOVE	
7 NECC for Infrastructure with ABC above Ph500k					FOR ABC'S ABOVE		Market Committee	FOR ABC'S ABOVE	
	aving carefully read of the Company:	and accepted your General Conditions, IM	/e quote y	ou on	the Item at price	es noted above.	The state of the s	FOR ARC'S AROVE	
gnatu	re over Printed					Tel. No. : Fax No. :			
ame o	me of Representative								