



UNIVERSITY OF THE PHILIPPINES
LOS BANOS
Los Banos, IV-A
VAT Reg. TIN: 000-864-006-00004

Request for Quotation/ Bid Form (Technical Specifications)
TYPE END USER/DEPARTMENT UNIT

UPLB BAC SECRETARIAT
BY: [Signature] DATE: 12-11-20
DEC 18 2020 9:10
UPLB-RQ- 12-306-20 100DS
DEADLINE OF SUBMISSION

UPLB-RQ-

DEADLINE OF SUBMISSION:

Suppliers Name: _____

Date: December 03, 2020
Fund Code: 9151017
MOP: Shopping
Contact No: 543 9571
Contact Person: Ms. Elenita M. Esguerra

Please quote your lowest price on the item/s listed below, subject to the General Conditions below.

Note:

- Bidders shall provide correct and accurate information required in this form. All entries must be typewritten or in print and properly accomplished. Do not leave blank entries, put N/A for not applicable.
- Price quotation/s to be denominated in Philippine Peso shall include all taxes, duties, and/ or levies payable.
- 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 sale literature, unconditional statement of specification and compliance issued by the manufacturer and sample.
- Quotation through fax/email is acceptable. Winning bidder shall submit original signed RQ before issuance of Purchase order (P.O.).
- Quotations exceeding the Approved Budget for Contract shall be rejected.
- Documentary requirements per Memorandum No. 03 Series of 2017 shall be attached upon submission of the quotation
- Others: _____

ITEM No.	GENERAL NAME OF THE ITEM	REQUIRED SPECIFICATIONS	UNIT OF MEASURE	QTY	ESTIMATED UNIT APPROVED BUDGET OF THE CONTRACT	ESTIMATED TOTAL APPROVED BUDGET OF THE CONTRACT	OFFERED SPECIFICATION <small>Suppliers must state here the detailed technical specifications of their offer against each of the individual parameters of each requirements</small>	QUOTED UNIT PRICE	TOTAL QUOTED PRICE	EVALUATION <small>(Leave this space blank, For BAC/Evaluators only)</small>
1	Calcium nitrate	Calcium nitrate; TOTAL (N): 15.5%, Ammonical (N): 1.5% ,NO3: 14%,CaO:26%,50 kgs/bag	bag	180	1,900.00	342,000.00				
2	Magnesium sulfate	Magnesium Sulfate; M=246.47g Typical analysis: Assay(Mins. 99.5%), Maximum limits of impurities-Water insoluble matter(0.003%), Chloride(0.002%),Nitrogen Compounds(0.002%),Phosphate(0.001%),Copper(0.0001),Iron(0.0001%),Lead(0.0001%),Manganese(0.0005%),Potassium(0.001%),Sodium(0.001%), 25kgs/bag	bag	96	900.00	86,400.00				
3	Manganese sulfate	Manganese Sulfate; M=169.01 g/mol: Typical analysis: Assay(Mins. 99.0%), Maximum limits of impurities-Water insoluble matter(0.01%), Chloride(0.001%),Calcium(0.004%),Copper(0.0005%),Iron(0.001%),Lead(0.0005%),Potassium(0.002%), Sodium(0.005%),Zinc(0.001%),Substance Reducing Iodine(0.01%),Substances Reducing(0.001%),Permanganate, 25kgs/bag	bag	25	2,695.00	67,375.00				
4	Molybdc acid	Molybdc Acid; Contains some ammonium hydrogen, molybdate,Assay(Mins.85.0%), Maximum limit of impurities-Chloride(0.01%),Phosphate(0.005%), Sulphate(0.02%),Iron(0.004%), Lead(0.003%), 500g/btl	btl	2	7,500.00	15,000.00				
5	Taq DNA Polymerase	Taq DNA Polymerase, Recombinant, 500u	tb	8	25,000.00	200,000.00				
6	Reverse transcriptase	Superscript (200ul SuperScript Taq Mix; 3 x 1mL 2x Reaction Mix (containing 0.4mM of each dNTP, 3.2mM MgSO4); 500 uL 5mM Magnesium Sulfate)	set	2	54,940.00	109,880.00				
7	Antibody	Reagent set for Banana bract mosaic virus (BBRMV), 1000 test wells; Catalog #SRA 24600/1000	set	1	70,000.00	70,000.00				
8	Potato dextrose agar	Potato dextrose agar (PDA); dehydrated, 500g/btl	btl	5	2,600.00	13,000.00				
9	PTC Agar	PTC agar; 500g/btl	btl	3	2,300.00	6,900.00				
10	Trizol solution	Trizol reagent, 200ml/bottle	btl	1	38,630.00	38,630.00				
TOTAL ABC (a)						949,185.00				
								TOTAL QUOTED AMOUNT IN WORDS:		

Reviewed and Checked By:

[Signature]
BAC TWG

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 on or before the deadline stated herein.

emsguina
BUYER/ END-USER

TERMS AND CONDITIONS:

1. Price quotation/s shall be valid for a period of at least (30) calendar days from the date of submission.
2. In order to assure that manufacturing defects shall be corrected by 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 of one (1) year warranty and two (2) to three (3) years extended warranty (if applicable)** in the case of NON-EXPENDABLE SUPPLIES after acceptance by End-user of the delivered supplies.
3. Delivery period within _____ calendar days.
4. Award of contract shall be made to the lowest quotation which complies with the technical specifications, and other terms and condition stated herein
5. UPLB reserves the right to reject any or all offers as may be considered most advantageous to the University.
6. Any interlineations, erasure, or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.

Requirements for Suppliers (GPPB Resolution No. 21-2017)

REQUIREMENTS	Shopping (Section 52)	Negotiated Procurement- Small Value Procurement (Section 53.8)	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)
1 Mayor's/Business Permit	/	/	/	/	/
2 PhilGEPS Registration Number	/	/	/	/	/
3 Professional license/ CV (consulting services)		/		/	
4 PCAB License (for Infrastructure)		/		/	
5 Income / Business tax returns (except for government agencies as lessor)		FOR ABC'S ABOVE 500K	/	/	FOR ABC'S ABOVE 50K
6 Omnibus Sworn Statement		FOR ABC'S ABOVE 50K			FOR ABC'S ABOVE 500K
7 NFCC for Infrastructure with ABC above Ph500k		/			FOR ABC'S ABOVE 50K

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

Name of the Company: _____

Address: _____

Signature over Printed Name of Representative: _____

Position: _____

Tel. No.: _____

Fax No.: _____

Email Address: _____

Date: _____