



UNIVERSITY OF THE PHILIPPINES

LOS BANOS

Los Banos, IV-A

VAT Reg. TIN: 000-864-006-00004

Request for Quotation/ Bid Form (Technical Specifications)
COLLEGE OF ECONOMICS AND MANAGEMENT - DEAN'S OFFICE

UPLB BAC SECRETARIAT
BY: [Signature] DATE: 12-18-20
DEC 18 2020 9:10
UPLB-RQ- 12-317-20 encls
DEADLINE OF SUBMISSION

UPLB-RQ-
DEADLINE OF SUBMISSION:

Suppliers Name: _____

Date: _____
Fund Code: 9151017
MOP: SHOPPING WITH PHILGEPS AND BAC WEBSITE POSTING
Contact No: 536-4750
Contact Person: Ms. Ana Veronica G. Evangelista

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

- Note
1. 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.
2. Price quotations to be denominated in Philippine Peso shall include all taxes, duties, and or levies payable.
3. 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.
4. Quotation through facemail is acceptable. Winning bidder shall submit original signed RQ before issuance of Purchase order (P.O.)
5. Quotations exceeding the Approved Budget for Contract shall be rejected.
6. Documentary requirements per Memorandum No. 03 Series of 2017 shall be attached upon submission of the quotation.
7. Others.

Table with 10 columns: 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, QUOTED UNIT PRICE, TOTAL QUOTED PRICE, EVALUATION. Row 1: Office Furniture CHAIR, OFFICE. Row 2: TOTAL ABC, 80,000.00, TOTAL QUOTED AMOUNT IN WORDS.

Reviewed and Checked By:

[Signature]
DONN REY D. CAMUS
BAC TWG 505-2020

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.

[Signature]
ANA VERONICA G. EVANGELISTA
Buyer/ End-User

TERMS AND CONDITIONS

- 1. Price quotations 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 awarded 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 interchanges, additions, or omissions shall be void unless they are signed or initialed by the user or one of your duly authorized representatives.

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

Table with 6 columns: Requirements, Shopping (Section 5.2), Registered Procurement (Small Value Procurement) (Section 5.3.3), Registered Procurement (Large Value Procurement or Lease) (Section 5.3.3.1), Registered Procurement (Specialty Goods/ Services/ Work/ Equipment/ Technology and Materials) (Section 5.3.3.2), Registered Procurement (Emergency) (Section 5.3.3.3). Rows include Mayor's/Business Permit, PHICEPS Registration Number, Professional license, PCAB License, Income tax returns, Charitable Sworn Statement, NFCC for Infrastructure.

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: _____