



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

Request for Quotation/ Bid Form (Technical Specifications)
UNIVERSITY HEALTH SERVICE(UHS)

UPLB BAC SECRETARIAT
 BY: *[Signature]* DATE: 12-17-20
 DEC 21 2020 *9:10*
 UPLB-RQ- 12-387-20 *UHS*
DEADLINE OF SUBMISSION

UPLB-RQ-
DEADLINE OF

Suppliers Name _____

Date NOVEMBER 27, 2020
 Fund Code 8703417
 MOP Shopping
 Contact No 049-536-2470 loc 103
 Contact Person FBNararro

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.
- 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.
- 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 _____

RFQ for PR # 98266

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		Oxygen Medical. (content only). Approximately 5.66m ³ /cylinder. 127 kg/cm ² (1800PSI) at 7oF. 99.5% purity per cylinder	cylinder	135	550.00	74,250.00				
TOTAL ABC						74,250.00	TOTAL QUOTED AMOUNT IN WORDS:			

Reviewed and Checked By

[Signature]
MA. THERESA M. PINEDA MD.
 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

[Signature]
JESSIE IMELDA F. WALDE, M.D., FPAPF
 BUYER/ END-USER

TERMS AND CONDITIONS:

- Price quotation/s shall be valid for a period of at least (30) calendar days from the date of submission.
- 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
- Delivery period within _____ calendar days
- Award of contract shall be made to the lowest quotation which complies with the technical specifications, and other terms and condition stated herein
- UPLB reserves the right to reject any or all offers as may be considered most advantageous to the University
- Any interlineations, erasure, or overwriting shall be valid only if they are signed or initiated 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 53.9)	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)
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)	/	/	/	/	/
6 Omnibus Sworn Statement	/	FOR ABC'S ABOVE 500K FOR ABC'S ABOVE 50K	/	/	FOR ABC'S ABOVE 50K FOR ABC'S ABOVE 500K FOR ABC'S ABOVE 50K
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 _____
 Position _____
 Position _____
 Tel No _____
 Fax No _____
 Email Address _____
 Date _____
 Date _____