



UNIVERSITY OF THE PHILIPPINES

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

Request for Quotation/ Bid Form (Technical Specifications)
National Institute of Molecular Biology and Biotechnology (BIOTECH)-UPLB
National Institute of

UPLB BAC SECRETARIAT
BY: [Signature] DATE: 12/3/20
DEC 07 2020
UPLB-RQ- 12-406-20-RES
DEADLINE OF SUBMISSION

UPLB-RQ-

DEADLINE OF SUBMISSION:

Suppliers Name: _____

Date: October 28, 2020
Fund Code: NB-253-47
MOP: Small Value Procurement
Contact No: 0936-989-5371
Contact Person: LOUIE S. DREJE

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 quotation/s 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
4. Quotation through fax/email 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 11 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 (Leave this space blank. For BAC/ Evaluators only). Rows include Arylsulfatase Assay Kit, Enzyme Detection Kit, Gallic Acid, and Toluene.

Reviewed and Checked By:

[Signature]
MARK ANTHONY BADUA

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.

[Signature]
LOUIE S. DREJE
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 initiated by you or any of your duly authorized representative/s.

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

Table with 6 columns: REQUIREMENTS, Shopping (Section 52), Negotiated Procurement- Small Value Procurement (Section 53 (b)), Negotiated Procurement- Lease of Real Property or Venue (Section), Negotiated Procurement- Scientific, Scholarly or Artistic Work, Exclusive, Negotiated Procurement- Emergency (Section). Rows include Mayor's/Business Permit, PhilGEPS Registration Number, Professional License, PCAB License, Income / Business tax returns, Omnibus 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: _____