



UNIVERSITY OF THE PHILIPPINES

LOS BANOS

Los Banos, IV-A

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

Request for Quotation/ Bid Form (Technical Specifications)
FST-CAFS-UPLB

UPLB BAC SECRETARIAT
BY: [Signature] DATE: 9-9-21

SEP 15 2021 10am

UPLB-RQ- 9-26-21-RES

DEADLINE OF SUBMISSION

UPLB-RQ-

DEADLINE OF
SUBMISSION:

Suppliers Name: _____

Date: August 03, 2021
Fund Code: N829721 (DA-BAR)
MOP: SHOPPING
Contact No: 09333189779 / hrinigo@up.edu.ph
Contact Person: Honey Bhabes R. Inigo

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 said requirements</small> | QUOTED UNIT PRICE | TOTAL QUOTED PRICE | EVALUATION <small>(Leave this space blank. For BAC/ Evaluators only)</small> |
|----------|---|--|-----------------|-----|--|---|---|-------------------|--------------------|---|
| 1 | Denatured alcohol | 1 liter, for alcohol lamp | ltr | 2 | 135.00 | 270.00 | | | | |
| 2 | Manual cup sealer | Cup holder diameter: 2.75"/ 3"/3.5", Cup diameter: 2-3/4", 3" and 3-3/4", Max Cup Height: 4-5/7", Cup Sizes: 10 oz to 22 oz, Voltage: 220V/60Hz, Power: 270W, Operation Speed: 300-500 Cups/hour, Temperature control range: 50° C to 250°C, With extra ring for other cup diameter, with free roll film, Brand new, Warranty:1 year | unit | 1 | 15,000.00 | 15,000.00 | | | | |
| 3 | Delicate Task Wipes | high quality, 280 sheets/box, 4.4"x8.4", extra low lint wipes | box | 2 | 700.00 | 1,400.00 | | | | |
| 4 | Bouffant Caps | 100 caps/box | box | 3 | 450.00 | 1,350.00 | | | | |
| 5 | Disposable face mask | FDA registered brand, Surgical, 3ply, 100pcs/box | box | 10 | 202.50 | 2,025.00 | | | | |
| 6 | K-type input Handheld Digital thermometer | Branded and Brand New, Maximum temperature measurement: +1300°C, Probe type: K type, Battery type: 9V, Warranty: 1 year | unit | 1 | 15,000.00 | 15,000.00 | | | | |

| | | | | | | | | | | |
|---|------------------------|---|------|---|------------------|------------------|--------------------------------------|--|--|--|
| 7 | Handheld Refractometer | Digital Sugar Refractometer with Automatic Temp Compensation, Yellow LED, 0 to 85 percent Brix, +/- 0.2 percent Accuracy, 0.1 percent Resolution is suitable for a wide range of professional applications. | unit | 1 | 15,000.00 | 15,000.00 | | | | |
| | | | | | TOTAL ABC | 50,045.00 | | | | |
| | | | | | | | TOTAL QUOTED AMOUNT IN WORDS: | | | |

Reviewed and Checked By:


Mr. Quincy E. Ybanez

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.


Honey Bhabes R. Irijo
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 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.
- 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 53.0) | 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: _____

Tel. No. : _____

Fax No. : _____

Signature over Printed _____

Email Address: _____

Name of Representative: _____

Date: _____

Position: _____