



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

UPLB BAC SECRETARIAT  
 BY: Jhp DATE: 11-02-21  
 NOV 10 2021 10am  
 UPLB-RQ- 11-350-21-Reg  
 DEADLINE OF SUBMISSION

**Request for Quotation/ Bid Form (Technical Specifications)**  
**END-USER**

**UPLB-RQ-**

Suppliers Name: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DEADLINE OF SUBMISSION:  
 Date October 13, 2021  
 Fund Code: N827147  
 MOP: \_\_\_\_\_  
 Contact No: 536-2884  
 Contact Person Eldrin Arguelles

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
- 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
- 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 Suppliers must state here the detailed technical specifications of their offer against each of the individual parameters of each requirements	QUOTED UNIT PRICE	TOTAL QUOTED PRICE	EVALUATION (Leave this space blank. For BAC/Evaluators only)
1	FILTER PAPER	FILTER PAPER, thickness: 0.20 mm, particle inaintenance ability: 11, grade:#1, diameter: 125mm, non-sterile (100pcs/box)	box	5	1,000.00	5,000.00				
2	PLASTIC CUVETTE	PLASTIC CUVETTE, 12.5X12.5 mm, 45 mm, polystyrene macro cuvettes, 2.5-4.5mL volume (pack of 100)	pack	1	2,000.00	2,000.00				
3	CUVETTE RACK	CUVETTE RACK, L4 5/8 in. x W4 1/4 in. x H4 3/8 in, polypropylene, holds 12 cuvettes (PNCM)	piece	1	2,200.00	2,200.00				
4	GLASS FUNNEL	GLASS FUNNEL, 80 mm O.D. with 55 mm Stem	piece	125	480.00	60,000.00				
5	POLYPROPYLENE FUNNEL	POLYPROPYLENE FUNNEL, 55 mm O.D. with 7 mm O.D. x 40 mm L Stem (pack of 12) (PNCM)	pack	3	2,200.00	6,600.00				
6	PIPETTE TIPS	PIPETTE TIPS, 1000µl, non-sterile, non-filtered, blue, 1000 pcs./bag (PNCM)	bag	5	540.00	2,700.00				
7	PIPETTE TIPS	PIPETTE TIPS, 200µl, non-sterile, non-filtered, blue, 1000 pcs./bag (PNCM)	bag	5	300.00	1,500.00				
8	PIPETTE TIPS	PIPETTE TIPS, 10µl, non-sterile, non-filtered, blue, 1000 pcs./bag (PNCM)	bag	5	250.00	1,250.00				
9	CRYOTUBE STORAGE BOX	CRYOTUBE STORAGE BOX, polypropylene, 140 x 140 x 60 mm, 100 wells (PNCM)	piece	5	400.00	2,000.00				
10	AUTOCCLAVABLE PLASTIC BAG	AUTOCCLAVABLE PLASTIC BAG, 6" x 8", polypropylene (PP), transparent, 100pcs./pack (PNCM)	pack	15	300.00	4,500.00				
11	AUTOCCLAVABLE PLASTIC BAG	AUTOCCLAVABLE PLASTIC BAG, 18" x 12", polypropylene (PP), transparent, 100pcs./pack (PNCM)	pack	15	400.00	6,000.00				
12	GLOVES	NITRILE GLOVES, powder-free, color: violet, small, (PNCM)	box	5	550.00	2,750.00				
13	GLOVES	NITRILE GLOVES, powder-free, color: violet, medium (PNCM)	box	5	550.00	2,750.00				

14	GLOVES	NITRILE GLOVES, powder-free, color: violet, large (PNCM)	box	3	1,200.00	3,600.00			
15	ALCOHOL	Rubbing alcohol, 70% ethyl alcohol, for disinfection (PNCM)	piece	30	120.00	3,600.00			
16	LABORATORY SPOON	LABORATORY SPOON, 13-cm, stainless steel, NSF approved, shovel type spoon scoop, plain handle, 6pcs/pack (PNCM)	pk	5	250.00	1,250.00			
<b>TOTAL ABC</b>						<b>107,700.00</b>			
							<b>TOTAL QUOTED AMOUNT IN WORDS:</b>		

Reviewed and Checked By:

  
 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.

ROSARIO G. MONSALUD  
 Project Leader

**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
- 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 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 53.9)	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 Infraestructura)		/			
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 NFCG for Infraestructura 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 Name of Representative: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_