

## UNIVERSITY OF THE PHILIPPINES

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

UPLB BAC SECRETARIA DEC 08 2021 0000 UPLB-RQ- 12-397-21-Res DEADLINE OF SUBMISSION

DEADLINE OF

Request for Quotation/ Bid Form (Technical Specifications)

MUSEUM OF NATURAL HISTORY

	SUBMISSION:
Date	June 18, 2021
Fund Code: MOP:	N9B0500
Contact No:	Small Value Procurement (049) 508-6256

Contact Person Desiree C. Diaz 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 manufacturer and sample.

  4. Quotation through fax/email is acceptable. Winning bidder shall submit original signed RQ before issuance of Puchase order (P.O.).

  5. Quotations exceeding the Appoved Budget for Contract shall be rejected.

  6. Documentary requirements per Memorandum No. 03 Series of 2017 shall be attached upon submission of the quotation.

Suppliers Name:

No.	THE ITEM	REQUIRED SPECIFICATIONS	UNIT OF MEASURE	QTY	ESTIMATED UNIT APPROVE BUDGET OF THE CONTRACT	BUDGET OF THE	OFFERED SPECIFICATION Suppliers must state here the debated sectivical specifications of their other against each of the stid-vidual parameters of each requirements.	QUOTED UNIT PRICE	TOTAL QUOTED PRICE	space blank, Fo
2	aztreonam	Aztreonam, 30ug, 5 cartridge per pack, 50 disce per cartridge	pack	4	2,200.00	8,800.00	A documentary			BAC/ Evaluator only)
3	cefotaxime	Cefotaxime, 30ug, 5 cartridge per pack, 50 discs per cartridge	pack	4	2,200.00	8,800.00				
	ceftazidime	Ceftazidime, 30ug, 5 cartridge per pack, 50 discs per cartridge	pack	4	2,200.00	8,800.00				
4	ceftriaxone	Ceftriaxone, 30ug, 5 cartridge per pack, 50 discs per cartridge	pack	4	2,200.00	8,800.00				
s	chloramphenic ol	Chloramphenicol, 25g	bot	3	9,000.00	27,000.00				
	chlortetracyclin e	Chlortetracycline hydrochloride, 25g	bot	1	9,000.00	9,000.00				
	cyclohexamide	Cyclohexamide, 25g	bot	1	9,000.00	9,000.00				
	isoflurane	Isoflurane, 100mL bottle	bot	5	2,400.00	14,400.00				
1	nalidixic acid	Nalidixic Acid, 25g/bottle	bot	:	12,000.00	12,000.00				
1	nystatin, 100	Nystatin, 100,000 units/mL	bot 2		1,500.00	3,000.00				
$\perp$		TOTAL:		1	1	109,600.00				
Re	eviewed and Checke				1		TAL	QUOTED AMOUNT IN WOR	QUOTED AMOUNT IN WORDS.	QUOTED AMOUNT IN WORDS:

Reviewed and Checked By: fbrawarrs FELICIDAD B. NAVARRO

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.

MARIANP. DE LEON

BUYER/ END-USER

## TERMS AND CONDITIONS:

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

REQUIREMENTS

Shopping (Section 52)

Procurement
Small Value
Procurement
Scholarly or Artistic Work, Exclusive
Technology and Media Services (Section 53.8)

Megotiated Procurement
Scholarly or Artistic Work, Exclusive
Technology and Media Services (Section 53.8)

Professional isense CV (consulting services)

Processional isense CV (consulting services)

Processional isense for Infrastructure)

Income J Business tax returns (except for government agencies as Jessor)

Omnibus Sworn Statement

Negotiated Procurement-Scientific, Scholarly or Artistic Work, Exclusive
Technology and Media Services (Section 53.8)

Professional isense CV (consulting services)

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FOR ABCS ABOVE
SOK

NECC for Infrastructure with ABC above Ph500k

/ SOK

FOR ABCS ABOVE
SOK
FOR ABCS ABOVE
SOK
FOR ABCS ABOVE
SOK
FOR ABCS ABOVE
SOK
FOR ABCS ABOVE
SOK

Name of the Company:	conditions, I/We quote you on the Item at prices noted above.	
Address:	Tel. No.	
	Fax No. :	
Signature over Printed Name of Representative:	Email Address:	
Position:	Date:	