



**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 infirmations, erasure, or overwriting shall be valid only if they are signed or initiated by you or any of your duly authorized representatives.

**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)		FOR ABCS ABOVE 500K	/	/	FOR ABCS ABOVE 50K
6 Omnibus Sworn Statement		FOR ABCS ABOVE 50K			FOR ABCS ABOVE 500K
7 NFCC for Infrastructure with ABC above Ph500k		/			FOR ABCS 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 Printed Name of Representative: \_\_\_\_\_

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

Tel. No. : \_\_\_\_\_

Fax No. : \_\_\_\_\_

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

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