



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

Request for Quotation/ Bid Form (Technical Specifications)  
Institute of Plant Breeding

UPLB BAC SECRETARIAT  
BY: 1 DATE: 3-15-22  
  
MAR 23 2022 - 10AM  
UPLB-RQ- 3-090-22-RES  
DEADLINE OF SUBMISSION

GENETICS LAB - IPB

DEADLINE OF

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

Date \_\_\_\_\_  
Fund Code: N8-276-21  
MOP SVP  
Contact 0917-643-5590/ wdhernandez@up.edu.ph  
Contact Hernandez, Wilermie D.


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
- 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 each requirements</small>	QUOTED UNIT PRICE	TOTAL QUOTED PRICE	EVALUATION <small>(Leave this space blank. For BAC/ Evaluators only)</small>
1	Plant RNA Extraction Kit	For qRT-PCR and NGS applications, 50 reactions, spin column format, uses silica technology, includes collection tubes, and RNase-free reagents and buffers, for isolation of high quality RNA from virus-infected banana leaves	kit	2	45,000.00	90,000.00				
						TOTAL ABC	90,000.00	TOTAL QUOTED AMOUNT IN WORDS:		

Reviewed and Checked By:

  
JOHN MARTY C. MATEO  
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

Hernandez, Wjermye D.  
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
3. Delivery period within 15 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)**

REQUIREMENTS	Shopping	Negotiated	Negotiated	Negotiated	Negotiated
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	/	/	FOR ABC'S
6 Omnibus Sworn Statement		FOR ABC'S			FOR ABC'S
7 NFCC for Infrastructure with ABC above P1500k		/			FOR ABC'S

**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 \_\_\_\_\_

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

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

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

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

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