

UNIVERSITY OF THE PHILIPPINES LOS BANOS

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

Request for Quotation/ Bid Form (Technical Specifications)

ASF Project II (Year I)

UPLB BAC SECRETARIAT
BY: T DATE: 3-18-22

MAR 2 3 2022 - 10AM

UPLB-RQ- 3-096-22-RES DEADLNE OF SUBMISSION

UPLB-RQ-

DEADLINE OF	=
SUBMISSION	

Note						Fund Code:	N925828			
						Fund Code.	HULUULU			
				.);		MOP:	Shopping (Sec.52.1b)			
						Contact No:	09753534983/mdperez15@up.edu.ph Maricar D. Perez			
						Contact Person				
ITEM	Please quote your lowest price on the item/s listed below, subject to the General Conditions below. 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 fave/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									
ITEM		A STANDARD CONTRACTOR	UNIT OF	QTY	ESTIMATED	ESTIMATED	OFFERED SPECIFICATION			EVALUATION
No.	GENERAL NAME OF THE ITEM	REQUIRED SPECIFICATIONS	MEASURE		APPROVED BUDGET OF	APPROVED BUDGET OF THE CONTRACT	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	(Leave this spa blank. For BAC Evaluators only
1	Face Mask	Face Mask (medical), 3- layered, w/ earloop, 50 pcs/box	box	50	250.00	12,500.00				
2	Nitrile Gloves, small	Nitrile Gloves, small, powder-free, 100 pcs/box	box	30	450.00	13,500.00				
3	Nitrile Gloves, medium	Nitrile Gloves, medium, powder-free, 100 pcs/box	box	30	450.00	13,500.00				
4	Nitrile Gloves, large	Nitrile Gloves, large, powder-free, 100 pcs/box	box	30	450.00	13,500.00				
	TOTAL ABC					53,000.00				
	*For lot award						TOTAL QUOTED AMOUNT IN V			
	Reviewed and Checked By:	Unavarro								
	FELICIE	AD D MANADDO								
		DAD B. NAVARRO BAC TWG								
Pleas	e quote at your government price	(including VAT) and state that the	e time wit	hin wh	ich you can mal	ke delivery. It wil	Il be appreciated if we can have Maricar D. Perez BUYER/ END-USER	your		
TERM	S AND CONDITIONS:									
2. In or 3. Deli 4. Awa 5. UPL	e quotation/s shall be valid for a period of der to assure that manufacturing defects rery period within calendar days, rd of contract shall be made to the lowest B reserves the right to reject any or all off interlineations, erasure, or overwriting sha	shall be corrected by supplier, a warrant equotation wich complies with the technic ers as may be considered most advanta all be valid only if they are signed or initia	y security s cal specifica ageous to the ted by you	tions, ar te University or any o	nd other terms and rsity. f your duly authoriz	conditon stated here	ein	in the case of		
	Mayor's/Business Permit	EMENTS	Shopp	ning	Negotiated	Negotiated	Negotiated Procurement- Scientific,	Negotiated		
1	PhilGEPS Registration Number		-	-						
2	Professional license/ CV (consulting serv	rices)								
3	PCAB License (for Infrastructure)				500 ADOIS ADOLS					
4 Income / Business tax returns (except for government agencies as lessor)				FOR ABC'S ABOVE 500K			FOR ABC'S ABOVE 50K			
	6 Omnibus Sworn Statement			Total !	FOR ABC'S ABOVE 50K			FOR ABC'S ABOVE 500K		
6	NFCC for Infrastructure with ABC above	Ph500k						FOR ABC'S ABOVE		
Name Addre	of the Company:	refully read and accepted your G	eneral Co	ndition	ns, I/We quote yo	Tel. No. : Fax No. : Email Address:	t prices noted above.			
Signati	are over Printed Name of Representative:					Date:				