



UNIVERSITY OF THE PHILIPPINES

LOS BANOS

Los Banos, IV-A

VAT Reg. TIN: 000-864-006-00004

Request for Quotation/ Bid Form (Technical Specifications)
NATIONAL INSTITUTE OF MOLECULAR BIOLOGY AND BIOTECHNOLOGY (BIOTECH)

UPLB BAC SECRETARIAT
BY: [Signature] DATE: 4-29-22
MAY 06 2022 - 5PM
UPLB-RQ- 4-148-22-RES
DEADLINE OF SUBMISSION

UPLB-RQ-

DEADLINE OF SUBMISSION:

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

Date: April 07, 2022
Fund Code: N830147
MOP: NP- Small Value Procurement
Contact No: 9558363153
Contact Person: Jennielyn T. Consignado

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 Purchase order (P.O.).
5. Quotations exceeding the Approved Budget for Contract shall be rejected.
6. Documentary requirements per Memorandum No. 03 Series of 2017 shall be attached upon submission of the quotation
7. Others: \_\_\_\_\_

Table with 11 columns: 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, QUOTED UNIT PRICE, TOTAL QUOTED PRICE, EVALUATION (Leave this space blank. For BAC/ Evaluators only). Rows include Columbia Blood Agar, Streptococcus Selective Supplement, HPLC water, PCR Master mix, and DNA molecular weight ladder.

|           |                           |  |        |   |           |           |                               |  |  |
|-----------|---------------------------|--|--------|---|-----------|-----------|-------------------------------|--|--|
| 6         | <b>Agarose</b>            | 500 g/bottle, molecular biology grade, for gel electrophoresis, gel Strength 1.5% (g/cm <sup>2</sup> ): ≥ 2500     | bottle | 1 | 20,000.00 | 20,000.00 |                               |  |  |
| 7         | <b>Tris Base</b>          | 500 g, AR  | bottle | 1 | 5,750.00  | 5,750.00  |                               |  |  |
| 8         | <b>Nucleic Acid Stain</b> | 10000x in water, 500 ul/vial, stable at room temperature, fluorescent, non-cytotoxic, non-mutagenic, non-hazardous | vial   | 1 | 6,700.00  | 6,700.00  |                               |  |  |
|           |                           | ***nothing follows***  |        |   |           |           |                               |  |  |
| TOTAL ABC |                           |  |        |   |           | 99,900.00 |                               |  |  |
|           |                           |  |        |   |           |           | TOTAL QUOTED AMOUNT IN WORDS: |  |  |

Reviewed and Checked By:

*MAA*  
**MARK ANTHONY A. 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.

*SAS*  
**MS. SUSAN A. SEDANO**  
 BUYER/END-USER

**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 SUPPLIES, or a **minimum of**
- 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 conditions 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 initiated by you or any of your duly authorized representatives/.

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

| REQUIREMENTS   | Shopping (Section 52) | Negotiated Procurement- | Negotiated Procurement- | Negotiated Procurement- Scientific, Scholarly or Artistic Work, Exclusive | Negotiated Procurement- |
|--|-----------------------|-------------------------|-------------------------|---|-------------------------|
| 1 Mayor's/Business Permit  | /                     | /                       | /                       | /   | /                       |
| 2 PhIGEPS 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 ABOVE 500K    | /                       | /   | FOR ABC'S ABOVE 50K     |
| 6 Omnibus Sworn Statement  |                       | FOR ABC'S ABOVE 50K     |                         |   | FOR ABC'S ABOVE 500K    |
| 7 NFCC for Infrastructure 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: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature over Printed \_\_\_\_\_  
 Position: \_\_\_\_\_

Tel. No. : \_\_\_\_\_  
 Fax No. : \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date: \_\_\_\_\_