



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

Request for Quotation/ Bid Form (Technical Specifications)
PLANT PATHOLOGY LABORATORY, INSTITUTE OF PLANT BREEDING

UPLB BAC SECRETARIAT
 BY: 1 DATE: G.G-22
 JUN 15 2022 - TIL 5PM
UPLB-RQ- G-215-22-RES
DEADLINE OF SUBMISSION

UPLB-RQ-

DEADLINE OF SUBMISSION:

Suppliers Name: _____

Date: May 16, 2022
 Fund Code: NS 226 2A
 MOP: SHOPPING
 Contact No: 576 - 8443 / sqlapitan@up.edu.ph
 Contact Person: SHERVYN Q. LAPITAN

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 statement of specification and compliance issued by the manufacturer and sample.
- 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: _____

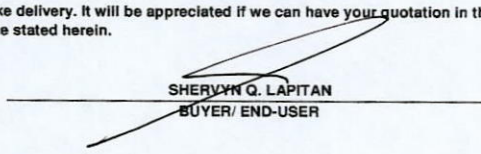
ITEM No.	GENERAL NAME OF THE ITEM	REQUIRED SPECIFICATIONS	UNIT OF MEASURE	QTY	ESTIMATED UNIT APPROVED BUDGET OF THE CONTRACT	ESTIMATED TOTAL APPROVED BUDGET OF THE CONTRACT	OFFERED SPECIFICATION <small>Suppliers must state here the detailed technical specifications of their offer against each of the individual parameters of each requirements</small>	QUOTED UNIT PRICE	TOTAL QUOTED PRICE	EVALUATION <small>(Leave this space blank. For BAC/Evaluators only)</small>
1	Nitrile Gloves	Disposable Nitrile Gloves(Small, 100 pcs/ box, Powder free)	box	4	1,300.00	5,200.00				
2	Nitrile Gloves	Disposable Nitrile Gloves(Medium, 100 pcs/ box, Powder free)	box	3	1,300.00	3,900.00				
3	Nitrile Gloves	Disposable Nitrile Gloves(Large , 100 pcs/ box, Powder free)	box	5	1,300.00	6,500.00				
4	Tubes	Tubes (1.5ml; cap: Safe-Lock lid; polypropylene; 500pcs/pck)	pck	4	850.00	3,400.00				
5	PCR white tips	PCR white tips (0.1-10ul; Natural, Polypropylene; 1000 Tips/pck)	pck	2	950.00	1,900.00				
6	Yellow Tips	Yellow tips (1-200ul; 1000pcs/pck; Polypropylene)	pck	3	850.00	2,550.00				
7	PCR tubes	PCR tubes (0.2ml; Cap type: Flat; Clear; Bottom: Conical; 960/pck)	pck	1	2,200.00	2,200.00				
8	Scalpel	Scalpel handle (# 3 , stainless teel)	pc	10	250.00	2,500.00				
9	Scalpel	Scalpel handle (#4 , stainless steel)	pc	10	250.00	2,500.00				
10	Laboratory Gown	Laboratory Gown)Small medium and Large	pc	10	500.00	5,000.00				
11	Spatula	Spatula brass-riwet wood handle, stainless steel blade 10"; 1.25 x 10 inches	pc	2	75.00	150.00				
12	Spatula	Spatula brass-riwet wood handle, stainless steel blade 8"	pc	2	50.00	100.00				
13	Spatula	Spatula brass-riwet wood handle, stainless steel blade 6"	pc	2	30.00	60.00				
14	Face mask	Face Mask; 3-ply; Elastic Ear Band, Non-Sterile - 50 ea	box	3	200.00	600.00				
15	Surgical Gloves	Surgical gloves 100/box medium and long	box	3	450.00	1,350.00				

16	CRYOGENIC	CRYOGENIC BOX(Polypropylene; Holds 1-2ml, 133mm in length)	box	15	1,100.00	16,500.00			
17	PCR Rack	PCR Rack (10pc/pack (96 well, 130x90x30mm; Autoclavable; Polypropylene)	pck	2	5,000.00	10,000.00			
TOTAL ABC						64,410.00			
							TOTAL QUOTED AMOUNT IN WORDS:		

Reviewed and Checked By:


Mark Anthony 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.


SHERVYN Q. LAPITAN
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 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.
- 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 condition 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 representative/s.

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, Scholastic or Artistic Work, Exclusive Technology and Media Services (Section 53.8)	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 ABC'S ABOVE	/	/	FOR ABC'S ABOVE
6 Omnibus Sworn Statement		FOR ABC'S ABOVE			FOR ABC'S ABOVE
7 NFCC for Infrastructure with ABC above Ph500k		/			FOR ABC'S ABOVE

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: _____

Tel. No. : _____

Fax No. : _____

Signature over Printed _____

Email Address: _____

Name of Representative: _____

Position: _____

Date: _____