



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

Request for Quotation/ Bid Form (Technical Specifications)
ASFV Project II (Year I)

UPLB BAC SECRETARIAT
BY: J DATE: 8-3-22
AUG 10 2022 - TIL 5PM
UPLB-RQ- G-238-22-RES RECANVASS
DEADLINE OF SUBMISSION

UPLB-RQ-
DEADLINE OF SUBMISSION:

Suppliers Name: _____

Date: July 22, 2022
Fund Code: N925828
MOP: Small Value Procurement
Contact No: _____
Contact Person: Saubel Ezrael A. Salamat

Note: Please quote your lowest price on the item/s listed below, subject to the General Conditions below.

- 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	Maintenance and Validation of 1 unit Nuiare Biosafety Cabinet	Preventive Maintenance and Validation of one (1) unit Nuiare NU-425-300G Class IIA2 Biosafety Cabinet includes: -Validation of Airflow/Downflow Velocity, Particle Count, Noise Level, Lighting Intensity, and Smoke Pattern Test -Decontamination using broad-spectrum disinfectant solution -Preventive Maintenance	lot	2	30,000.00	60,000.00				
TOTAL ABC						60,000.00				
							TOTAL QUOTED AMOUNT IN WORDS: SIXTY THOUSAND PESOS ONLY			

Reviewed and Checked By: _____
BAC TWG

Saubel Ezrael A. Salamat
BUYER/ END-USER

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

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
- Delivery period within calendar days.
- Award of contract shall be made to the lowest quotation wch 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	Shopping	Negotiated	Negotiated	Negotiated Procurement-Scientific	Negotiated
Mayor's Business Permit					
1 PhilGEPS Registration Number					
2 Professional license/ CV (consulting services)					
3 PCAB License (for Infrastructure)					
4 Income / Business tax returns (except for government agencies as lessor)					
5 Omnibus Sworn Statement		FOR ABC'S ABOVE 50K			FOR ABC'S ABOVE 50K
6 NFCC for Infrastructure with ABC above Ph500k		FOR ABC'S ABOVE 50K			FOR ABC'S ABOVE 500K

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: _____

Tel. No.: _____
Fax No.: _____
Email Address: _____
Date: _____