

UNIVERSITY OF THE PHILIPPINES

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

Request for Quotation/ Bid Form (Technical Specifications)
OFFICE OF THE VICE CHANCELLOR FOR COMMUNITY AFFAIRS

UPLB BAC SECRETARIAT
BY: [Signature] DATE: 9/30/22
OCT 05 2022 - 11AM
UPLB-RQ-DEADLINE OF SUBMISSION
PR 131212
REQ 30465

DEADLINE OF SUBMISSION:

Suppliers Name: _____

Date: September 12, 2022
Fund Code: 9300000
MOP: Small Value Procurement
Contact No: 536-3358
Contact Person: JEFFERSON N. DEOMANO

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.	Description	Unit	Quantity	Unit Price	Total Price				
1	Drug Testing (200 pax) Drug Screening (MET/THC); 4 pax Confirmatory Fee; with on-site services; DOH Accredited *Schedule to be discussed with supplier: Oct.28, 2022	lot	1	80,000.00	80,000.00				
TOTAL ABC					80,000.00				
						TOTAL QUOTED AMOUNT IN WORDS:			

Reviewed and Checked By:

EUGENE D. VALENCIA, RN, MAN
BAC DIV

Please quote at your lowest 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.

NURSE V. JHS UPLB

JEFFERSON N. DEOMANO
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 14 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, Scholarly or Artistic Work, Exclusive Technology and Media Services (Section 53.6)	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)	/	/	/	/	/
6 Omnibus Sworn Statement	/	/	/	/	/
7 NFCC for Infrastructure with ABC above Ph500k	/	/	/	/	/

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.: _____
Signature over Printed Name of Representative: _____ Fax No.: _____
Position: _____ Date: _____
Email Address: _____