



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

UPLB BAC SECRETARIAT
BY: Jan DATE: 10/6/22

OCT 10 2022

UPLB-RQ- 10-136-22-I-10am
DEADLINE OF SUBMISSION

UPLB-RQ-

DEADLINE OF SUBMISSION:

With POAD License

Suppliers Name: _____

Date: August 15, 2022
Fund Code: 8219247
MOP: Small Value Procurement
Contact No: 09691562827 / dnamirez1@up.edu.ph
Contact Person: Diana N. Ramirez

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	One (1) Unit Inverter Split Type Airconditioning Unit with Delivery, Supply Labor and Materials including Installation	Brand new 2.5 HP full DC Inverter Type Wall Mounted Split Type Air-conditioning Unit with Rated Cooling Capacity 21,600 (4,030-24,120) KJ/Hr, min-max 12.13EER, Power Input (min-max) 1,780 (320-2000) watts, 230 Volts, 60Hz, 1 Phase, Rated Current 8.2 Amps, Refrigerant R-32, Wireless Remote Control Scope Of Works: A. Lay-out and Installation of Fabricated Angle Bar 3/16" x 1 1/2" Thickness, Pre-painted Primer Epoxy (gray) for ACCU. B. Mounting and Installation of Airconditioning units FCU and ACCU with Rubber Pad Support C. Chipping and Plastering of Concrete or Glass D. Lay-out and Installation of Drainage Pipeline using PVC 1/2" Diameter (Eslon Blue) with Rubber Insulation E. Layout and Installation of Electrical Connection with Power and transmission Wirings from FCU to ACCU using 3.5mm.sq. including Grounding Line	lot	1	133,000.00	133,000.00				

F. Layout and Termination of Electrical Wiring 5.5mm sq. with PVC (Neltex) from ACCU to 30 amp. Circuit Breaker NEMA 3R Enclosure (2 meter from ACCU)

G. Lay-out and Installation of Hard Drawn Copper Pipe 5/8" O.D. and 1/4" O.D. Type-L with Rubber Insulation 3/4" thickness from FCU to ACCU including Vynil tape Insulation

H. Leak Testing and Correction, System Flushing and Vacuuming

I. Provision/Metal Cladding of Refrigerant pipe sets from ACCU to FCU, using Galvanize Iron Gauge 0.5mm, as per drawing 1"x3"x4" sizes (pre-painted same as wall painted)

J. Refrigerant Charging and Start Up with Commissioning

K. Attach Certificate of Warranty

nothing follows

TOTAL ABC 133,000.00

TOTAL QUOTED AMOUNT IN WORDS:

Reviewed and Checked By:

Engr. Francis M. Junsay

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.

Hyasmin Rose D. Benzon
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 (QPPB 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)		FOR ABC'S ABOVE 50K	/	/	FOR ABC'S ABOVE 50K
6 Omnibus Sworn Statement		FOR ABC'S ABOVE 50K			FOR ABC'S ABOVE 50K
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: _____ Tel. No. : _____
 Address: _____ Fax No. : _____
 Signature over Printed Name of Representative: _____ Email Address: _____
 Position: _____ Date: _____