

SVP



UNIVERSITY OF THE PHILIPPINES

LOS BANOS  
Los Banos, IV-A

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

Request for Quotation/ Bid Form (Technical Specifications)  
DAIRY TRAINING AND RESEARCH INSTITUTE

UPLB BAC SECRETARIAT  
BY: [Signature] DATE: 10/18/22  
OCT 25 2022 5pm  
UPLB-RQ-10-351-22-PES  
DEADLINE OF SUBMISSION

**UPLB-RQ-**

**DEADLINE OF SUBMISSION:**

Suppliers Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Fund Code: NB29021  
MOP: SMALL VALUE PROCUREMENT  
Contact No: 0936277853  
Contact Person: Ronela Angsilika Narag

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 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	Ketoprofen	Each ml contains 100mg ketoprofen/ml of aqueous solution Inactive ingredients: L-arginine, citric acid (to adjust pH), benzyl alcohol (as preservative) Recommended for the symptomatic treatment of fever, pain and inflammation associated with a variety of conditions including: respiratory tract infections, mastitis, udder edema, downer cow syndrome, endotoxemia, simple gastrointestinal disorders, arthritis and traumatic musculoskeletal injuries Storage: controlled room temperature 15°-30°C Packaging: 50ml vial	bl	35	45,500.00				

2 Lidocaine	Each mL contains: Lidocaine (as hydrochloride) 20 mg, Benzyl alcohol (as preservative) 0.02 mL Local anesthetic for producing epidural and nerve conduction anesthesia Storage: temperatures not exceeding 30°C Packaging: 50 ml vial	btl	60	9,000.00			
3 Long acting Pen-Strep	Each ml contains Dihydrostreptomycin sulfate, Procaine penicillin For the treatment of conditions such as joint ill, enteritis and some forms of mastitis caused by bacteria sensitive to Penicillin and/or Streptomycin Storage: Dry, dark place between 2 °C and 15 °C Packaging: 100ml multidose vial	btl	35	22,050.00			
4 Normal saline solution	Each 100 ml contains sodium chloride and water For use as a sterile diluent or solvent for veterinary pharmaceuticals and biologicals, and for the preparation of dilute solutions for intravenous infusion or local application Storage: temperature 15°-30°C Packaging: 1L/bottle	btl	17	1,955.00			
5 Vitamin B complex	Each ml contains: Thiamine hydrochloride, riboflavin 5' phosphate sodium, pyridoxine hydrochloride, niacinamide, d-Panthenol, cobalt (as cyanocobalamin), benzyl alcohol (as preservative), water for injection Supplemental source of B complex vitamins and complexed cobalt for use in preventing or treating deficiencies Storage: temperature 15°-30°C Packaging: 100mL/bottle	btl	15	6,300.00			
6 Wound spray	Dichlorofluorocarbon wound spray Fly repellent Astringent With colorant marker Packaging: 85g/cans	btl	15	4,500.00			
			<b>TOTAL ABC</b>	<b>89,305.00</b>	<b>TOTAL QUOTED AMOUNT IN WORDS:</b>		

Reviewed and Checked By:



FELICIDAD B. NAVARRO  
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.

  
 \_\_\_\_\_  
 RONELA ANGELIKA B. NARAG  
 BUYER/ END-USER

**TERMS AND CONDITIONS:**

1. Price quotation/s shall be valid for a period of at least (30) calendar days from the date of submission.
2. 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.
3. Delivery period within **30** calendar days.
4. Award of contract shall be made to the lowest quotation which complies with the technical specifications, and other terms and condition stated herein
5. UPLB reserves the right to reject any or all offers as may be considered most advantageous to the University.
6. 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 (GPB Resolution No. 21-2017)**

REQUIREMENTS	Shopping	Negotiated	Negotiated Procurement- Scientific, Scholarly or	Negotiated
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
6 Omnibus Sworn Statement				FOR ABC'S ABOVE
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: \_\_\_\_\_

Tel. No. : \_\_\_\_\_

Fax No. : \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature over Printed Name of Representative: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_