



UNIVERSITY OF THE PHILIPPINES

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

Request for Quotation/ Bid Form (Technical Specifications)
INSTITUTE OF MATHEMATICAL SCIENCES AND PHYSICS (IMSP)

UPLB BAC SECRETARIAT
BY: *[Signature]* DATE: *2-16-23*
FEB 20 2023 *5pm*
UPLB-RQ- *2-64-23-Res*
DEADLINE OF SUBMISSION

UPLB-RQ-

DEADLINE OF
SUBMISSION:

Suppliers Name: _____

Date: February 10, 2023
Fund Code: N8-320-23
MOP: Shopping
Contact No: 9953923970
Contact Person: Joshua Castro

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 Suppliers must state here the detailed technical specifications of their offer against each of the individual parameters of each	QUOTED UNIT PRICE	TOTAL QUOTED PRICE	EVALUATION (Leave this space blank. For BAC/ Evaluators only)
1	Longpass Dichroic Mirror (Beamsplitter)	1. Has dichroic coating on one surface and an antireflection coating on the opposing surface. 2. Has cut-on wavelength ranging from 425 to 1800 nm 3. Diameter: 2 inches	pc	1	24,000.00	24,000.00				
2	Neutral Density Filter	1. AR (anti-reflective) coated to reduce back reflections in an optical system 2. Attenuated light in the visible (350-700nm AR coating) 3. Diameter: 25mm 4. Optical Density: 0.2 to 0.5	pc	1	6,000.00	6,000.00				
3	Convex Lens	1. AR (anti-reflective) coated to reduce back reflections in an optical system 2. Diameter: 2 inches	pc	1	10,000.00	10,000.00				
4	Fluorescence Filter (Blue)	1. Center wavelength: 390nm 2. Full width at half maximum: 18nm 3. Diameter: 2 inches	pc	1	22,000.00	22,000.00				
5	Mirror Mount	1. Mounts 2-inch optics at least 0.16 inch (4mm) thick 2. Hole size must be imperial (8-32). 3. Optic secured with a locking screw. 4. Features adjusters for tip and tilt adjustments.	pc	3	6,000.00	18,000.00				
6	Filter Mount	1. Mounts 25mm optics at least 0.16 inch (4mm) thick 2. Hole size must be imperial (8-32). 3. Optic secured with a locking screw. 4. Contains retaining ring for mounting optics.	pc	1	7,669.80	7,669.80				
7	Stainless Steel Optical Post	1. One 8-32 tapped hole on top and one 1/4"-20 tapped hole at base 2. Removable double-ended 8-32 setscrew 3. Diameter of body: 0.5 inch 4. Length: 6 inches 5. Made of stainless steel	pc	4	1,400.00	5,600.00				
8	Post Holder	1. Made of aluminum or stainless steel 2. Spring-loaded, hex-locking thumbscrew for positioning ease 3. 1/4"-20 tapped hole bottom 4. Length: 6 inches 5. Hole on top diameter: ~0.6 inches (0.5 inch wide posts should fit)	pc	4	1,400.00	5,600.00				

9	Standard Base	1. 2 straight slots (length: 1.56 inches/39.6mm) 2. 1 mounting hole (8-32 sized hole) 3. 1/4"-20 tapped hole bottom 4. Dimensions: 1" x 4.5" x 3/8" / 25 x 115 x 10 mm (W x L X H)	pc	4	1,400.00	5,600.00				
10	Stainless Steel Cap Screw	1. Size: 8-32 (imperial) 2. Made of stainless steel	pc	1	6,500.00	6,500.00				
TOTAL ABC						110,969.80				
							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.


ALVIN KARLO G. TAPIA, DSc
 BUYER/END-USER

TERMS AND CONDITIONS:

- Price quotation 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 in the case of NON-EXPENDABLE SUPPLIES after acceptance by End-user of the delivered supplies.
- Delivery period within 30 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	Negotiated	Negotiated	Negotiated
1 Mayor's Business Permit	/	/	/	/	Negotiated (Procurement)
2 PhilGEPS Registration Number	/	/	/	/	/
3 Professional license/ CV (consulting services)	/	/	/	/	/
4 PCAB License (for Infrastructure)		(Section 53.9)	53.10)	Services (Section 53.6)	53.2)
5 Income / Business tax returns (except for government agencies as lessor)		FOR ABC'S ABOVE	/	/	FOR ABC'S
6 Omnibus Sworn Statement		FOR ABC'S ABOVE	/	/	FOR ABC'S
7 NFCC for Infrastructure with ABC above Ph500k		50k /	/	/	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: _____
 Date: _____