



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

Request for Quotation/ Bid Form (Technical Specifications)  
 TYPE: END USER/DEPARTMENT UNIT

UPLB-RQ- \_\_\_\_\_

DEADLINE OF  
 SUBMISSION: \_\_\_\_\_

Suppliers Name: \_\_\_\_\_

Date: JAN 30 2023  
 Fund Code: N83183A  
 MOP: Shopping  
 Contact No: 09662754801  
 Contact Person: Leo Agustín F. Barcelo

*Hankin*

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 quotations 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 how 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	Bacteria competent cell	Competent <i>E. coli</i> with cloning kit stored at -20°C, has LacZ gene for blue and white screening and antibiotic resistance gene for screening	kit	1	25,000.00	25,000.00				
2	Purple Non Sulfur Bacteria reference strain	<i>Rhodobacter sphaeroides</i> or <i>Rhodobacter capsulatus</i> type strain, lyophilized in a vial	vial	1	10,000.00	10,000.00				
3	Genomic DNA extraction kit	Bacterial Genomic DNA extraction kit, for ≥50 reactions, suitable for PCR applications, includes extraction protocol, lysis solution and RNase A, storage temp at 25°C; contains proteinase K, lysis buffer, TE buffer, columns, binding buffer; approximate yield at ≥5 µg	kit	1	50,000.00	50,000.00				
4	Agarose Gel Casting Tray and Comb	Standard Horizontal gel plastic casting tray for 10.5 x 6 cm and 5 x 6 cm gel, double sided plastic comb with small and big teeth, plastic casting stand for 10.5 x 6 cm gel and 5 x 6 cm gel tray and with comb	set	1	500.00	500.00				
5	Aluminum Crimp Cap	20 mm aluminum crimp cap with butyl rubber septa, 9.5 mm hole	pcs	200	11.50	2,300.00				
6	Alcohol lamp	Glass alcohol lamp - flat bottom with plastic cap, 150 ml capacity, 13 cm height, 8.4 cm width	pcs	2	100.00	200.00				
7	Autoclavable bag	Autoclavable Plastic Bag, made from polypropylene, HDPE or polyamide, temperature-tolerant, 16x24 inches	pcs	100	30.00	3,000.00				
8	Syringe	Disposable Sterile Syringe with needle, 10 ml capacity, polypropylene material, 1 mL volume increment, 0.2 mL scale intervals	pcs	100	10.00	1,000.00				
9	Glass vials	Clear glass vials, 100 ml flint vial, 20 mm mouth OD, 96.5 mm height, 53 mm flat bottom OD	pcs	10	150.00	1,500.00				
<b>TOTAL ABC</b>						<b>93,500.00</b>				

TOTAL QUOTED AMOUNT IN WORDS:

Reviewed and Checked By:

*[Signature]*  
 Engr. 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.

*[Signature]*  
 LEO AGOSTIN F. BARCELO  
 BUYER/ END-USER

**TERMS AND CONDITIONS:**

1. Price quotation 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 14 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 alterations, erasures, or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.

*Frank*

**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. PHIGEPG Registration Number	/	/	/	/	/
3. Professional Engineer (PE) Accrediting Services	/	/	/	/	/
4. PCAB License (for infrastructure)	/	/	/	/	/
5. Income Tax Business tax returns (except for government agencies as lessee)	/	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. NPCC for infrastructure with ABC above P1500k	/	/	/	/	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. : \_\_\_\_\_

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

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

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

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