



UNIVERSITY OF THE PHILIPPINES

LOS BANOS

Los Banos, IV-A

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

Request for Quotation/ Bid Form (Technical Specifications)
MCBD-IBS

UPLB BAC SECRETARIAT
BY: [Signature] DATE: 2-23-23
FEB 27 2023 5pm
UPLB-RQ- 2-76-23-PCS
DEADLINE OF SUBMISSION

UPLB-RQ-

DEADLINE OF SUBMISSION:

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

Date: January 26, 2023
Fund Code: 9116004
MOP: Shopping
Contact No: (049) 536-3368
Contact Person: Noel G. Sabino / lasison@up.edu.ph

Please quote your lowest price on the item/s listed below, subject to the General Conditions below.

- Note: 1. 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.
2. Price quotation/s to be denominated in Philippine Peso shall include all taxes, duties, and/ or levies payable.
3. 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.
4. Quotation through fax/email is acceptable. Winning bidder shall submit original signed RQ before issuance of Purchase order (P.O.).
5. Quotations exceeding the Approved Budget for Contract shall be rejected.
6. Documentary requirements per Memorandum No. 03 Series of 2017 shall be attached upon submission of the quotation
7. Others: \_\_\_\_\_

Table with 10 columns: ITEM No., GENERAL NAME OF THE ITEM, REQUIRED SPECIFICATIONS, UNIT OF MEASURE, QTY, ESTIMATED APPROVED BUDGET OF THE CONTRACT, ESTIMATED TOTAL APPROVED BUDGET OF THE CONTRACT, OFFERED SPECIFICATION, QUOTED UNIT PRICE, TOTAL QUOTED PRICE, EVALUATION. Includes rows for RNA Isolation kit and reverse transcriptase (rt) PCR kit, and a TOTAL ABC row.

Reviewed and Checked By:

[Signature]
Engr. Mark Anthony A. 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]
Noel G. Sabino
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 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 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)

Table with 6 columns: 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). Includes rows for Mayor's/Business Permit, PhilGEPS Registration Number, Professional license/ CV (consulting services), PCAB License, Income / Business tax returns, Omnibus Sworn Statement, and NFCC for Infrastructure.

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: \_\_\_\_\_
Signature over Printed Name of Representative: \_\_\_\_\_
Position: \_\_\_\_\_
Tel. No.: \_\_\_\_\_
Fax No.: \_\_\_\_\_
Email Address: \_\_\_\_\_
Date: \_\_\_\_\_