



UNIVERSITY OF THE PHILIPPINES
UP Los Banos
College, Laguna

Request for Quotation
CASHIER'S OFFICE

UPLB SAC SECRETARIAT
BY: JT DATE: 3/2/23
MAR 09 2023 -TIL 11AM
UPLB-RQ- 3-011-23-6000
DEADLINE OF SUBMISSION

DEADLINE OF

Suppliers Name: _____

Date: February 16, 2022
Fund Code: 1203007
MOP: Small Value Procurement
Contact: 576-2558
Contact: Antonette A. Sambrano

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.
 - 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	VAN RENTAL	Location: Los Banos - Within Ilocos Area - Los Banos Coverage/Date: April 28 am to April 30 am (3 days) Purpose: Cashier's Office Benchmarking / Planning Workshop 2023 Capacity: 14 Seaters Other Requirement/s: with LFTRB / Franchise / DOT Accreditation. Inclusive of Fuel, Toll Gate Fee, Parking Fee, Driver's Meals and other Incidental Cost and has been a Regular Van Rental Service to UPLB for the last 5 yrs. With Driver's Familiarity of the Route.	Trip	2	40,000.00	80,000.00				
					TOTAL ABC	80,000.00	TOTAL QUOTED AMOUNT IN WORDS:			

Reviewed and Approved by:

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

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
 - Delivery period within 15 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	Negotiated	Negotiated	Negotiated	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	/	/	FOR ABC'S
6 Omnibus Sworn Statement	/	FOR ABC'S	/	/	FOR ABC'S
7 NFCC for Infrastructure with ABC above Ph500k	/	/	/	/	FOR ABC'S

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 Position: _____
Tel No.: _____
Fax No.: _____
Email Address: _____
Date: _____