

UNIVERSITY OF THE PHILIPPINES

LOS BANOS Los Banos, IV-A VAT Reg. TIN: 000-864-096-00004

Request for Quotation/ Bid Form (Technical Specifications) SCHOOL OF ENVIRONMENTAL SCIENCE AND MANAGEMENT (SESAM) UPLB BAC SECRETARIAT
BY: DATE: 8-3-23

AUG 1 0 2023 FRM

UPLB-RQ- 8-241-23-PES
DEADINE OF SUBMISSION

								DEADLINE OF SUBMISSION		
	Suppliers Name:					Diste	July 28, 2023			
-						Fund Code:	N9-320-91			
-						MOP:	Shopping	/		
						Contact No: Contact Person	09391428264/ jpbeloy@up.edu.ph Jason Frank P. Beloy			
Note:	Please quote your lowest price on the item/s listed below, subject to the General Conditions below. 1. Bidders shall provide correct and accurate information required in this form. All entries must be type-written or in print and properly accomplished. Do not leave blank entries, put N/A for not applicable.									
	Bidders must indicate compliance issued by Quotation through 1 Quotations exceed	be denominated in Philippine Peso shell include all taxes, dutie te the BRAND and MODEL NUMBER for equipment and its acc the manufacturer and sample. sw/emell is acceptable. Winning bidder shall submit original sign ng the Approved Budget for Contract shall be rejected. rements per Memorandum No. 03 Series of 2017 shell be attact	essories or ed RFQ be	r periphe ifore issu	rals. Evidence sha sance of Purchase		' manufacturer's un-amended sale litera	sture, uncondition	al statement of spe	icilication and
TEM.	GENERAL NAME OF THE MEN	REDURED SPECIFICATIONS	WAT OF MEASURE	qty	APPROVED BUDGET OF THE	ESTIMATED TOTAL APPROVED BUILDING OF THE	OFFIRED SPECIFICATION Synthes and shift has be dealed before a production of the other specimens of the labeled parameters of the labeled parameters of the other specimens.	QUOTED UNIT PRICE	TOTAL QUOTED PRICE	(Leave this of blank. For E Evaluators
124 TA	Alcohol Isopropyl	Alcohol isopropyl 70%, 500 ml with moisturizer , 24 bottle/pack	box	4	1,800.00	7,200.00		- 10 00 pps 100 pps 10		
	Test Kit	Coronavirus Antigen Rapid Test Kit	рс	125	480.00	60,000.00			1	
	Face Mask	Face Mask Surgical, 3 ply, Excellent Quality, 50 pcs/bo		16	350.00	5,600,00		T	 	1
	L	I dee triask surgices, s pry, executer country, so pery ac	A1 35A	,	TOTAL ABC	72,800,0	0			
							FOTAL QUOTED AMOUNT IN WOR	IDS:	•	
PIBE	se quote at your gov	ernment price (including VAT) and state that the time within	e dead!	ine stated herein.	in ma approximation	RICO C. ANCOG	_			
	S AND CONDITIONS:	i for a period of at least (30) celendar days from the date of submission.					DEAN, SESAM	/		
WATTER 3. Delin 4. Awa 5. UPL 6. Arty	ity and two (2) to three (very period within 30 cale of of contract shell be ma B reserves the right to rej Intersneations, erasure, o	de to the jowest quotation which complies with the technical specifications, s eat any or all offers as may be considered most advantageous to the Univ r overwriting shall be valid only if they are signed or initiated by you or any	ABLE SUPPL and other terr analty.	JES after	acceptance by End-u	imum period of three ser of the delivered s	(3) months, in the case of EXPENDABLE & upplies.	SUPPLIES, or a min	imum of one (1) yesi	
reaqui	rements for suppliers (G	PPB Resolution No. 21-2017) REQUIREMENTS	Sho (Sect	pping ion 52)	Negotiated Procurement- Serai Value Procurement (Section 53.9)		Negotisted Procurement-Scientific, Scholarly or Artistic Work, Exclusive Technology and Media Services (Section 53.6)	Negotiated Procurement- Emergency (Section 63.2)		
	1 Mayors/Business Perm			7		/	/		7	
	2 PhilGEPS Registration 3 Professional Icense/ C	/ (consulting services)	150045079	ACASE!	1	5455455550055	d		<u> </u>	
	4 PCAB License (for Infre				/	1777				
	5 Income / Business tax	relums (except for government agencies as lessor)	10 mg/100		FOR ASCIS ASCIVE Stork		1	FOR ABOVE SOK	31	
	6 Omnibus Swom Staten	to nt	7		FOR ABOVE			FOR ABOVE SOOK	(A)	
	7 NFCC for infrastructure	with ABC above Ph500k			('		The second second	FOR ABOVE SOK		
	having carefully rea s of the Company:	d and accepted your General Conditions, I/We quote you on	the item s	rt prices	noted above.					
Addr	886:					Tel. No. :			_	
					_	Fax No. :				
Sign: Nam	sture over Printed e of Representative:					Email Address:				