



UNIVERSITY OF THE PHILIPPINES

LOS BANOS

Los Banos, IV-A

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

Request for Quotation/ Bid Form (Technical Specifications)
DEPT. OF SOCIAL FORESTRY AND FOREST GOVERNANCE

UPLB BAC SECRETARIAT
BY: 8 DATE: 94-23
SEP 11 2023 Perm
UPLB-RQ- 9-284-23-125
DEADLINE OF SUBMISSION

UPLB-RQ-

DEADLINE OF
SUBMISSION:

Suppliers Name:

Date September 24, 2023 PR # 136487
Fund Code: N9 292 22
MOP: SHOPPING
Contact No: 049 536 3493/ 0967 866 3736
Contact Person Paula Mae G. Dagsi

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: **SUPPLIERS' STORE/ESTABLISHMENT SHOULD BE LOCATED IN LOS BANOS, LAGUNA OR WITHIN THE VICINITIES.**

ITEM No.	GENERAL NAME OF THE ITEM	REQUIRED SPECIFICATIONS	UNIT OF MEASURE	QTY	ESTIMATED UNIT APPROVED	ESTIMATED TOTAL	OFFERED SPECIFICATION Suppliers must state here the detailed	QUOTED UNIT PRICE	TOTAL QUOTED PRICE	EVALUATION (Leave this space)
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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.

Paula Mae S. Dagsi
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, in the case of DURABLE SUPPLIES.
3. Delivery period within 30 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.
7. OTHER CONDITIONS: SUPPLIER'S STORE MUST LOCATED IN LOS BAÑOS, LAGUNA OR WITHIN THE VICINITIES.

Requirements for Suppliers (GPPB Resolution No. 21-2017)

REQUIREMENTS		Shopping (Section 52)	Negotiated Procurement	Negotiated Procurement	Negotiated Procurement- Scientific, Scholarship or Artistic Work	Negotiated Procurement	Negotiated Procurement
1 Mayor's Business Permit		/	/	/	/	/	/
2 PHIGEPS 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 ABOVE 500K	/	/	FOR ABC'S ABOVE 500K	FOR ABC'S ABOVE 500K
6 Omnibus Sworn Statement			FOR ABC'S ABOVE 500K			FOR ABC'S ABOVE 500K	FOR ABC'S ABOVE 500K
7 NFCC for Infrastructure with ABC above Ph500k			/			FOR ABC'S ABOVE 500K	FOR ABC'S ABOVE 500K

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: