

UNIVERSITY OF THE PHILIPPINES

LOS BANOS Los Banos, IV-A

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

Request for Quotation/ Bid Form (Technical Specifications) <u>DEPARTMENT OF HUMAN KINETICS</u>

DEADLINE OF SUBMISSION:

	Suppliers Name:					Date	09.14.2023			
				-		Fund Code:		9390123 (TOSF) Small Value Procurement (049) 536 2534 Brendan John C. Magana		-
				-		MOP:				
				-		Contact No:				-8
						Contact Person				-
Nata		Please quote your lowest price	on the item/	s listed be	elow, subject to	the General Conditi	ions below.			-
Note:	Bidders sl not applicab Price quol Bidders m unconditiona Quotation	nall provide correct and accurate informatile. tation/s to be denominated in Philippine Faust indicate the BRAND and MODEL NU all statement of specification and compliar through fax/email is acceptable. Winning s exceeding the Appoved Budget for Con	Peso shall inc MBER for equice issued by bidder shall	lude all tax uipment an the manu submit orig	kes, duties, and/ on ad its accessories facturer and sam	or levies payable. or peripherals. Evid ple.	ence shall be in the form of mar			
	6. Document 7. Others:	tary requirements per Memorandum No. (3 Series of 2	017 shall t	oe attached upon	submission of the qu	uotation			
					ESTIMATED	ESTIMATED TOTAL	OFFERED SPECIFICATION			
ITEM No.	GENERAL NAME OF THE ITEM	REQUIRED SPECIFICATIONS	UNIT OF MEASURE	QTY	UNIT APPROVED BUDGET OF THE CONTRACT	APPROVED BUDGET OF THE CONTRACT	Suppliers must state here the detailed technical specifications of their offer against each of the individual parameters of each requirements	QUOTED UNIT PRICE	TOTAL QUOTED PRICE	EVALUATION (Leave this space blank, For BACI Evaluators only
1	Arm Chair	Branded and Brandnew Foldable School Chair with writing board Material: Plastic and Steel Steel Frame:Silver Powder Coating Warranty: 1 year	рс	50	₱3,105.00	155,250.00				
		-1		1	TOTAL ABC	155,250.00		-		1
	TOTAL ABC					100,200.00	TOTAL QUOTED AMOUNT IN WORDS:			
Please q	uote at your (government rice (including VAT) and the office a				eadline stated here	in.	have your o	uotation in	
						B	Brendan John C. Magana			
TERMS AN	ND CONDITIONS	S:					BUYER/ END-USER			
20 1000-00	0.000 0.000	e valid for a period of at least (30) calendar days	from the date	of submission	on.		1			
		anufacturing defects shall be corrected by supp				ne contract awardee for	a minimum period of three (3) monti	ns, in the case	e of	
		, or a minimum of one (1) year warranty and	two (2) to three	(3) years e	xtended warranty	(if applicable) in the case	se of NON-EXPENDABLE SUPPLIES	S after accept	ance by End-	
	delivered suppli	es. 4 calendar days.								
		e made to the lowest quotation wich complies w	ith the technica	specification	ons, and other terms	and conditon stated he	rein			
		to reject any or all offers as may be considered				and condition states no				
6. Any inter	rlineations, erasi	ure, or overwriting shall be valid only if they are	signed or initiate	ed by you or	any of your duly aut	thorized representative/	s.			
n		(ODDD D 1 1 04 0047)								
Requireme	ents for Supplie	REQUIREMENTS	Shopp	ina	Negotiated	Negotiated	Negotiated Procurement- Scientific,	Negotiated	i	
		REGUIRENTO	(Section		Procurement- Small Value Procurement (Section 53.9)	Procurement- Lease of Real Property or Venue (Section 53.10)	Scholarly or Artistic Work, Exclusive Technology and Media	Negotiated Procureme nt- Emergency (Section		
1	Mayor's/Busine	ess Permit			(0000001 00.0)	/	/	(Section		
2	PhilGEPS Registration Number Professional license/ CV (consulting services) PCAB License (for Infrastructure)		/		/	/	/	1		
3					/		/			
5	Income / Busi	ness tax returns (except for government			FOR ABC'S ABOVE	,	,	FOR ABC'S		
	agencies as le				500K	/	,	ABOVE 50K		
6	Omnibus Swor	n Statement			FOR ABC'S ABOVE 50K			FOR ABC'S ABOVE 500K		
7	NFCC for Infra	structure with ABC above Ph500k			/			FOR ABC'S ABOVE 50K		
	=	read and accepted your General Cond	itions, I/We o	uote you	on the Item at p	rices noted above.			'	
Name of t Address:	the Company:				***************************************	Tel. No. :				
						Fax No. :				
Signatura	over Printed				_					
Name of	over Pilited					Email Address:				
Position:					-	Date:				

