

## LOS BANOS Los Banos, IV-A VAT Reg TIN 000-864-006-00004

NOV 03 2023 - TIL 10 AM

UPLB-RQ-10-503-23-GOOS DEADLNE OF SUBMISSION

**UPLB BAC SECRETARIAT** BY: DATE: 0/27/23

## Request for Quotation/ Bid Form (Technical Specifications) UNIVERSITY HEALTH SERVICE (UHS) OFFICE OF THE VICE CHANCELLOR FOR COMMUNITY AFFAIRS

UPLB-RQ- PR 1253205 TRUST FUND

	Suppliers Name:				MOP:	SMALL VALUE PRO	MALL VALUE PROCUREMENT			
						Contact No. Contact Person	049-536-2470 ld FBNavarro	oc 103		
		Please quote your lowest price on the item/s I	isted bel	low, sub	ject to the Gene	ral Conditions below.				
Note										
	Price quotation/s to be     Bidders must indicate compliance issued by the     Quotation through fax/     Quotations exceeding	correct and accurate information required in this form. All entries must be typew idenominated in Philippine Peso shall include all taxes, duties, and/or levies pathe BRAND and MODEL NUMBER for equipment and its accessories or periphe a manufacturer and sample.  Jemail is acceptable. Winning bidder shall submit original signed RQ before issue the Appoved Budget for Contract shall be rejected entering the period of the	yable erals Evi- ance of F on of the	dence sh Puchase quotation	all be in the form order (P.O.)				atement of s	specification and
	T	PR 153205 T	RUST FUI	ND 87034	17		1			
ITEM No.	GENERAL NAME OF THE ITEM	REGULATED SPECIFICATIONS	UNIT OF MEASURE	ату	ESTIMATED UNIT APPROVED BUSIET OF THE CONTRACT	ESTIMATED TOTAL APPROVED SUDGET OF THE CONTRACT	OFFERED SPECIFICATION Supplers must state here the detailed technical specifications of their other against each of the individual parameters of each requirements.	QUOTED UNIT PRICE	TOTAL QUOTED PRICE	FYALUATION (Leeve this appece blank For BAC) Evaluators poly)
i		Azithromycin dihydrate tablet, film coated Boxes of 3 (TRI-PAKS™ of 3 tablets)	box	50	250.00	12,500.00				
2		Hydrocortisone sodium succinate 100 mg/ 2ml act-o-vial sterile powder for injection (IM/IV) offered innovator brand or brand name exist in the market for 10 years or more	vI	250	200.00	50,000.00				
3		Hydrocortisone sodium succinate 250 mg/ 2ml act-o-vial sterile powder for injection (IM/IV) offered innovator brand or brand name exist in the market for 10 years or more	vI	50	550.00	27,500.00				
		TOTAL ABC				90,000.00				
	TOTAL QUOTED AMOUNT IN WOR	IDS:				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Revened and Checked By  te at your government or before the deadli	DINO OLIVER A. FORONDA MD  PAC TWG  Int price (including VAT) and state that the time within which you ine stated herein.	ou can	make (	delivery. It wi	II be appreciated if	JESSI Director, (U	quotation in E MEL DA I NIVERISTY BUYER EN	F. WALDE HEALTH	c. MD
Price quota	assure that manufacturing	eriod of at least (30) calendar days from the date of submission defects shall be corrected by supplier, a warranty security shall be required from tree (3) years extended warranty (if applicable) in the case of NON-EXPEND.	the con	tract awa	irdee for a minim after acceptance	um period of <b>three (3) r</b> by End-user of the deliv	nonths, in the case of E			or a <b>minimum of</b>
3. Delivery pe 4. Award of co 5. UPLB reser	eriod within 14 calenda ontract shall be made to the erves the right to reject any of		ns and c	onditon s	stated herein					
Reauirement	s for Suppliers (GPPB Re	esolution No. 21-2017)			Negotiated	Negotiated	Negotiated	Negotiated	7	
	REQUIREMENTS			opping tion 52)	Procurement- Small Value Procurement (Section 53.9	Procurement- Lease of Real Property or Venue (Section	Procurement- Scientific, Scholarly or Artistic Work, Exclusive Technology	Procurement Emergency (Section 53.2		
	1 Mayor's/Business Perm	nit	/		/	/	/	/		
	2 PhilGEPS Registration		1		/	/	/	/		
	Number	W.			,		1			

(consulting services) 4 PCAB License (for Infrastructure) Infrastructure)
5 Income / Business tax returns (except for government agencies as lessor)
6 Omnibus Sworn Statement
7 NFCC for Infrastructure with ABC above Ph500k FOR ABC'S ABOVE 50K FOR ABC'S ABOVE 500K FOR ABC'S ABOVE 500K FOR ABC'S ABOVE 50K

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Name of the Company Address		Tel No.	
		Fax No. :	
Signature over Printed Name of Representative:		Email Address	
Representative: Position:		Date	