

Signature over Printed Name of Representative:

Position:

## UNIVERSITY OF THE PHILIPPINES

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

Request for Quotation/ Bid Form (Technical Specifications) UPLB Office of Student Housing

UPLB BAC SECRETARIAT BY: DATE: 1/11/24 JAN 15 2024 - TIL

UPLB-RQ- 1-009-24-6000S DEADLNE OF SUBMISSION

UPLB-RQ-

								DEADLINE O SUBMISSION		
S	uppliers Name:					Date Fund Code:	January 3, 2 8219700	024		1
-						MOP:	SMALL VALUE PRO	CUREMENT		
-						Contact No:	0999-22114	The in appropriately	-	
						Contact Person			-	
		Please quote your lowest price on the item/s lis	ited below	/, subje	ect to the Gene	eral Conditions i	JV Rienda		-	
2. 3. st 4.	Price quotation/s to Bidders must indical tatement of specificati Quotation through fa	be denominated in Philippine Peso shall include all taxes, to the BRAND and MODEL NUMBER for equipment and ion and compliance issued by the manufacturer and samp axemail is acceptable. Winning bidder shall submit origina to the Appoved Budget for Contract shall be rejected. Cements per Memorandum No. 03 Series of 2017 shall be:	duties, an duties, an its accesso ole. al signed R	nust be d/ or le ories or tQ befo	typewritten or i vies payable, peripherals, Ev re issuance of F	n print and prope idence shall be in Puchase order (P.	rly accomplished. Do not le			
7.	. Others:				ESTIMATED UNIT	ESTIMATED TOTAL	OFFERED SPECIFICATION Suppliers must state here the			EVALUATI
No.	GENERAL NAME OF THE ITEM	REQUIRED SPECIFICATIONS	UNIT OF MEASURE	QTY	APPROVED BUDGET OF THE CONTRACT	APPROVED BUDGET OF THE CONTRACT	stetated technical specifications of	QUOTED UNIT PRICE	PRICE	(Leave this s blank, For B Evaluators o
1 PI	RINTING SERVICES	RESIDENTS BASIC INFORMATION FORM, Size 23cm × 31cm, White, 300GSM (PLEASE SEE ATTACHED SAMPLE)	рс	5000	20.00	100,000.00				
					TOTAL ABO	100,000.00				
				-			TOTAL QUOTED AMOU	NT IN WORDS:		
		Mr. Andrew B. Licardo BAC /WG mment price (including VAT) and state that the time w as soon as possible	an or bef	ore the	e deadline stat	ed herein.	Raphad I Talag BUYER/ BND-USER	k www.commoncomm	<u> </u>	
Delivery Award of UPLB of Any into	S, or a minimum of one y period within 14 or of contract shall be made eserves the right to rejet entineations, erasure, or	(1) year warranty and two (2) to three (3) years extended warra alender days. to the lowest quotation wich complies with the technical specifical at any or all offers as may be considered most advantageous to the overwriting shall be valid only if they are signed or initiated by you	inty (if appli tions, and of the University	icable) : ther term	n the case of NOI	N-EXPENDABLE SU				
equirem	nents for Suppliers (GP	PB Resolution No. 21-2017)  REQUIREMENTS	Shopp	nine	Negotiated	Negotiated	Negotiated Procurement-	Negotiated	ĺ	
		REQUIREMENTS	(Section		Procurement- Small Value Procurement	Procurement- Lease of Real Property or	Scientific, Scholarly or Artistic Work, Exclusive Technology and Media Services (Section			
1 M	layor's/Business Permit		/		(Section 53.9)	Venue (Section 53,40)	53.6)	/		
2 Pt	hilGEPS Registration Nu		1		1	/	/	1		
	rofessional license/ CV ( CAB License (for Infrastri				1		The second secon	la Ke		
		urns (except for government agencies as lessor)			FOR ABC'S ABOVE	7	,	FOR ABO'S ABOVE		
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	FCC for Infrastructure wi		-	-	50K			FOR ABC'S ABOVE	-	
L	NA THE WAY OF THE PARTY OF THE	and accepted your General Conditions, I/We quote yo	u on the I	tem at	prices noted a	above,		50K	]	
lame of	the Company:									
ddress				-		Tel. No. : Fax No. :				

## RESIDENTS BASIC INFORMATION FORM

U.P. Los Banos, College, Laguna College#

Name	<u>s</u>		Gender	Civil Status_
(Last)	(First)		Date of Birth	,
Last school Attend	led <u>k</u>	J	( 🗸 ) Public ( )	Private Religion _
Classification	STF/	AP Bracket_	_Scholarship(s)_	
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Name of Firm/or E	mployer			
NUMBER 1921 SERVE				Tel#
Mother _		Occupation_	Monthly	Income
Name of Firm/or E	mployer			
Office Address _1	40		Cel/	Tel#
No. of Brother(s)_	<u> </u>	No. of Sister(s)_	Birtl	h Order_
Other Source(s) o	f Income		Amount	
Hobbies_			Honors received	
Talents		Membe	ership in Campus Orga	nization_ ·
Your usual ailmer	nts		Medication(s) you Usual	lly take . 5
	ln	case of emerge	ency, Please notify:	:
1) Name				•
1) Address	*	2) Ac	ddress	
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	RESIDE	NCE HALL AGE	REEMENT REF#_	<del></del>
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	AND R	EGULATIONS. WH	ICH I UNDERSTOOD.	
Signature of	Resident Sem 1	Signature of R	desident S	Signature of ResidentDate Midyear
		Signature of Dorn	nitory Manager	

1st	2nd	Midyear
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