

UNIVERSITY OF THE PHILIPPINES LOS BANOS

Los Banos, IV-A VAT Reg. TIN: 000-864-006-00004 MAR 2 6 2024 - 10AM

UPLE-RQ- 3-087-24-GOODS DEADLNE OF SUBMISSION

UPLB-RQ-

UPLB BAC SECRETARIAT

Request for Quotation/ Bid Form (Technical Specifications) <u>CVM Veterinary Teaching Hospital</u>

							DEADLINE OF SUBMISSION:			
	Suppliers Name:					Date	22-Jan-24	1000,,,,,,,,,		***************************************
						Fund Code:	9317228		-	
						MOP:	Small Value Procure	ement	-	
					Contact No:		(+63) 939-988-2066 Aisa Zarynne O. Medina		-	
						Contact Person			-	
	 Price quotation/s to Bidders must indice Quotation through Quotations exceed 	Please quote your lowest price on the decorrect and accurate information required in this to be denominated in Philippine Peso shall include ate the BRAND and MODEL NUMBER for equipm fav/email is acceptable. Winning bidder shall subting the Appoved Budget for Contract shall be rejeinements per Memorandum No. 03 Series of 2017	s form. All all taxes, onent and it mit original cted.	entries duties, a s acces signed	must be typewritte and/ or levies payab sories or peripheral RQ before issuanc	n or in print and pro ble. s. Evidence shall b se of Puchase order	operly accomplished. Do not leave be	•	* 150 COLORES TO LONG TO * 1 (1)	
ITEM No.	GENERAL NAME OF THE ITEM	REQUIRED SPECIFICATIONS	UNIT OF MEASURE	QTY	ESTIMATED UNIT APPROVED BUDGET OF THE CONTRACT		OFFERED SPECIFICATION Suppliers must state here the detailed technical specifications of their offer against each of the individual prometers of each requirements	QUOTED UNIT	TOTAL QUOTED PRICE	EVALUATION (Leave this space blank. For BAC/ Evaluators only)
1	Urinary strip	Compatible with Automated Clinical Chemistry Analyzer (Arkray-SPOTCHEM EZ SP-4430), 10V, 100 strips/bottle	1	6	2000	12,000.00				
2	Centrifuge Cup	Compatible with Automated Clinical Chemistry Analyzer (Arkray-SPOTCHEM EZ SP-4430), 100 pcs/pack	pck	11	3500	38,500.00				
3	Pipette Tip	Compatible with Automated Clinical Chemistry Analyzer (Arkray-SPOTCHEM EZ SP-4430), 100 pcs/pack	pck	11	1900	20,900.00				
4	Creatinine Strip	Compatible with Automated Clinical Chemistry Analyzer (Arkray-SPOTCHEM EZ SP-4430), 25 strips/pack		33	2900	95,700.00				
5	GPT Strip	Compatible with Automated Clinical Chemistry Analyzer (Arkray-SPOTCHEM EZ SP-4430), 25 strips/pack		33	2900	95,700.00				
6	Health Check Panel	Compatible with Automated Clinical Chemistry Analyzer (Arkray-SPOTCHEM EZ SP-4430), 10 pcs/pack	pck	85	8000	680,000.00				
					TOTAL ABC	942,800.00				
							TOTAL QUOTED AMOUNT IN	WORDS:		
Ple	Reviewed and Chec	John Carlo Pacia BAC TWG BOOTH BAC TWG BAC TW				an make delivery deadline stated h		n have your qu	otation in the	
							BUYER/ END-USER		-	
	AND CONDITIONS:						/			
2. In ord SUPPL	der to assure that manuf IES, or a minimum of o	iid for a period of at least (30) calendar days from the of acturing defects shall be corrected by supplier, a warrone (1) year warranty and two (2) to three (3) years	anty securit	y shall b						
5. UPL	ery period within 111 d of contract shall be in 3 reserves the right to re		antageous I	to the Ur	niversity.					
		or overwriting shall be valid only if they are signed or in	nitiated by y	ou or ar	y of your duly author	ized representative/s				
Requir	ements for Suppliers	(GPPB Resolution No. 21-2017)	T 61-	-in-	T Name to to d	Name of the last	Negotiated Procurement- Scientific.	Negotiated	7	
		REQUIREMENTS	Shop (Section		Negotiated Procurement- Small Value Procurement (Section 53.9)	Negotiated Procurement- Lease of Real Property or Venue (Section 53,10)	Negouated Procurement Scientific, Scholarly or Artistic Work, Exclusive Technology and Media Services (Section 53.6)			
1	Mayor's/Business Perm PhilGEPS Registration		1		/	/,	/	/	1	
3	Professional license/ C		/		/	/	/	/	1	
4	PCAB License (for Infra				1 /		,			
5	Income / Business tax	returns (except for government agencies as lessor)			FOR ABC'S ABOVE 500K	/	/	FOR ABC'S ABOVE		
6	Omnibus Sworn Staten	nent			FOR ABO'S ABOVE 50K			FOR ABC'S ABOVE		
7	NFCC for Infrastructure	with ABC above Ph500k			/			FOR ABC'S ABOVE		

Tel. No.:

Email Address:

Name of the Company:

Signature over Printed Name of Representative:

Address:

Position: