

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>AFBED-IABE, CEAT</u>

UPLB BAC SECRETARIAT
BY: DATE: 7-7-24 JUL 23 2024 1000 UPLB-RQ- 7-271-24-PES
DEADLNE OF SUBMISSION

UPLB-RQ-						

suppliers Name:	Date	June 4, 2024
	Fund Code:	8613832
	MOP:	Shopping
	Contact No: .	9054649121
	Contact Person	Nicholas Ryan V. Oliver

Please quote your lowest price on the item's listed below, subject to the General Condit

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- Note:

 1. Bidders shall provide correct and accurate information required in this form. All entries must be typewritten or in print and properly accomplis we 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 Puchase order (P.O.).

 5. Quotations exceeding the Appoved 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: With comprehensive insurance and Certificate of Public conveyance

ITEM No.	GENERAL NAME OF THE ITEM	REQUIRED SPECIFICATIONS	UNIT OF MEASURE	ату	ESTIMATED UNIT APPROVED BUDGET OF THE CONTRACT		OFFERED SPECIFICATION Suppliers must state here the detailed sectioned specifications of their offer against each of the undividual parameters of each sequencents.	QUOTED UNIT PRICE	TOTAL QUOTED PRICE	EVALUATION (Leave this space blank, For BAC Evaluators only
/1	Glass petri dish	90 mm, clear, borosilicate glass	pcs	30	216.67	6,500.00				
2	Peristaltic pump	Brand New Peristaltic Pump Adjustable flow rate: (0.06 to 300-500 ml/min maximum) RPM Range: 0.1 - 100rpm or higher with LED display Speed Precision: 0.1rpm With removable pumo head With RS485 Interface With Start, Stop and Reverse rotation function buttons through membrane keypad Voltage: 110-240 V Frequency: 50/60 Hz Approximate power consumption: ≤ 30 W Operating Temp: 0-40 deg C Approximate dimensions: 240 x 150 x 150 mm	unit	1	25,000.00	25,000.00				
3	15 mL centrifuge tube	Branded autoclavable 15 mL centrifuge tubes with plug seal cap, sterile	pcs	50	26.00	1,300.00				
/4	Reagent bottle (250 mL)	Branded, round media storage bottle with GL45 screw cap	btl	5	700.00	3,500.00				
5	Reagent bottle (500 mL)	Branded, round media storage bottle with GL45 screw cap	btl	2	1,000.00	2,000.00				
6	Reagent bottle (1000 mL)	Branded, round media storage bottle with GL45 screw cap	btl	4	937.50	3,750.00				
7	Multi- parameter pH pen	Brand new Multi-parameter pH pen, Portable Pen Type capable of measuring pH, Electrical conductivity, Total Dissolve Solids, Salinity pH Range: 0 - 14 Resolution: 0.01pH Accuracy: ±0.05pH Operating environment: 0 to 60.0°C (32.0- 140°F); RH 100% TDS Measuremet range: 0-4490 ppm Resolution: 1ppm; 0.1 PPT Accuracy: ±2% of the reading Temperature measurement range: 0-80°C Temperature accuracy: ±0.5°C Temperature resolution: 0.1°C/F; Battery specifications: 1.5V * 2 (AG13	pcs	2	600.00	1,200.00				
8	Laboratory sealing film	Laboratory sealing film, moisture proof, thermoplastic, semitransparent, 4 inch x 125 ft	box	1	3,500.00	3,500.00				

9	Autoclavable biohazard bags	Medical waste bag, 24 in x 16 in	pcs	30	66.67	2,000.00		
10	Denatured alcohol	Denatured alcohol in leaked proof bottle (1 L)	liter	5	140.00	700.00		
11		60 mL capacity alcohol lamp, glass with wick and cover	pcs	2	150.00	300.00		
12	Distilled water (7 L)	Branded distilled water (7L)	btl	10	110.00	1,100.00		
13	Clear tube	perfluoroalkoxy (PFA) tube (1 to 5 mm inside diameter), approximately at least 3 meters in length	pcs	5	800.00	4,000.00		
				Т	OTAL ABC	54,850.00		
							TOTAL QUOTED AMOUNT IN WORDS:	

Reviewed and Checked By:	TOUR			
	C Villanueva BAC TWG			
Please quote at your government price	e (including VAT) and state that the time wit		reciated if we can have your quotation in the offi	ice as soon as
	possible o	n or before the deadline stated herein.	Nicholan Ryant V. Ower	
			DUVED/ END-HEED	

- EVERY END-USER

 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 3. Delivery period within ... calendar days are calendar days.
 4. Award of contract shall be made to the lowest quotation wich complies with the technical specifications, and other terms and condition stated herein.
 5. UPLS recovers the right to reject any or a loffers 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 representativels.

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

 REQUIREMENTS Shooping Negotiated Negotiated Negotiated Procurement-Scientific, Negotiated

REQUIREMENTS	Shopping	Negotiated	Negotiated	Negotiated Procurement-Scientific,	Negotiated
Mayor's/Business Permit	/	/	/	/	/
PhilGEPS Registration Number	1	/	1	/	/
Professional Scense/ CV (consulting services)		/		/	
PCAB License (for Infrastructure)		/			Series Series
Income / Business tax returns (except for government agencies as lessor)		FOR ABO'S ABOVE 500K	/	7	FOR ABO'S ABOVE SOK
Omnibus Sworn Statement		FOR ABOUT ABOUT			FOR ABO'S ABOVE SOOK
NFCC for infrastructure with ABC above Ph500k		/	NA CHARLE		FOR ABOVE ABOVE

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6 Omnibus Sworn Statement		FOR ABOVE SOK	FOR ABO'S ABOVE SOOK
7 NFCC for infrastructure with ABC above Ph500k	ove Ph500k /		FOR ABOVE ABOVE
After having carefully read and accepted your Ger Name of the Company:	neral Conditions, I/We quote y		
Address;		Tel. No. :	
		Fax No :	
Signature over Printed Name of Representative:		Email Addr	ess:
Position:		Date:	
NAME OF THE PARTY		Daniel Da	