

## UNIVERSITY OF THE PHILIPPUPL B BAC SECRETARIAT LOS BANDS Los BRINGS, IN-A VAIT Reg. TIN: 000-864-005-00004

n/ Bid Form (Tech BIOMECH-CEAT

SEP 3 0 2024

UPLB-RQ-

	UPLE-RQ- 9-105-24-1-100MDEADLINE	)F
Suppliers Name:	DEADLINE OF SUBMISSION	
	Contact Person Allers M. Eurobidish ameuabidish paduph	
	September 1997	

## Please quote your lowest price on the item/s listed below, subject to the General Conditions below.

- 1. Bidders shall provide correct and accurate information required in this form. All entiries must be typewritten or in print and properly accomplished. Do not leave blank entiries, 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 4. Quotation through fav/emmall is acceptable. Winning bidder shall submit original signed RQ before issuance of Puchase order (P.O.).

  5. Quotations exceeding the Approved 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:

Labor for the repair of two (2) BIOMECH Comfort Room - Male and female  1. Dismantling of existing door, *cleaning, *hauling, *conveying and disposal of debris and unwanted materials to approved and designated location.  2. Replacing of old existing tiles. Duration: 15 days for October 2024  NOTE: 1. Site Inspection Required. 2. PCAB License Required (General Building GB-1 D Small A 3. COSH 4. Various Hand and Power Tools.  TOTAL ABC 100,000.00	ITEM No.	GENERAL NAME OF THE	REQUIRED SPECIFICATIONS	UNIT OF MEASURIS	QTY	ESTIMATED UNIT APPROVED BUDGET OF THE CONTRACT	ESTIMATED TOTAL APPROVED BUDGET OF THE CONTRACT	CFFERED SPECIFICATION Capplient must state have the distribution per percent of the state of the operate operation of the individual parameters of a poin happheneds.	QUOTED UNIT PRICE	TOTAL QUOTED PRICE	EVALUATION (Leave this space blank, For BAC/ Evaluators only)
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	ENGR. DONNY REY D. CAMUS					
	BAC TWG					
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After having carefully read a Name of the Company:	nd accepted your General Conditions, IWe quote you on the Item at prices noted above.		
Address:		Tell. No. :	
		Fax No.	
Signature over Printed Name of Representative:		Email Address:	
Position:		Date:	
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