



UNIVERSITY OF THE PHILIPPINES

LOS BANOS
Los Banos, IV-A

VAT Reg. TIN: 000-864-006-00004

Request for Quotation/ Bid Form (Technical Specifications)

CVM/DVPS

UPLB-RQ-

UPLB BAC SECRETARIAT
BY: _____ DATE: 9-5-24
SEP 09 2024 10 am
UPLB-RQ-9-362-24-12E5
DEADLINE OF SUBMISSION

DEADLINE OF SUBMISSION:

Suppliers Name:

Date: July 18, 2024
Fund Code: 8276828
MOP: NP. 53.9 Small Value Procurement
Contact No: 09175530206 / 049-572-2086
Contact Person: Saubel Ezrael A. Salamat

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


158528

Note:


- Bidders shall provide correct and accurate information required in this form. All entries must be typewritten or in print and properly accomplished. Do not leave blank entries, put N/A for not applicable.
- Price quotation/s to be denominated in Philippine Peso shall include all taxes, duties, and/ or levies payable.
- 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.
- Quotations through fax/email is acceptable. Winning bidder shall submit original signed RQ before issuance of Purchase order (P.O.).
- Quotations exceeding the Approved Budget for Contract shall be rejected.
- Documentary requirements per Memorandum No. 03 Series of 2017 shall be attached upon submission of the quotation
- Others: _____

ITEM No.	GENERAL NAME OF THE ITEM	REQUIRED SPECIFICATIONS	UNIT OF MEASURE	QTY	ESTIMATED UNIT APPROVED BUDGET OF THE CONTRACT	ESTIMATED TOTAL APPROVED BUDGET OF THE CONTRACT	OFFERED SPECIFICATION <small>Suppliers must state here the detailed technical specifications of their offer against each of the individual parameters of each requirements</small>	QUOTED UNIT PRICE	TOTAL QUOTED PRICE	EVALUATION <small>(leave this space blank. For BAC/ Evaluators only)</small>

1	iPCR Reagents for POCKIT Nucleic Acid Analyzer	For POCKIT Express: -1 kit Infectious Laryngotracheitis (ILT) virus detection system (nucleic acid extraction + insulated isothermal PCR detection)(48 tests/kit) -1 kit African swine fever virus detection system (nucleic acid extraction + insulated isothermal PCR detection)(48 tests/kit) -1 kit Foot-and-Mouth Disease Virus (FMDV) virus detection system (nucleic acid extraction + insulated isothermal PCR detection)(48 tests/kit) -1 kit Infectious Bovine Rhinotracheitis detection system (nucleic acid extraction + insulated isothermal PCR detection)(48 tests/kit) For POCKIT Central: -1 kit Feline Herpesvirus (nucleic acid extraction + insulated isothermal PCR detection)(24 tests/kit minimum)	kit	1	270,000.00	270,000.00	
2	Mycotoxin Biochip Detection kit for the Randox Evidence Investigator	<ul style="list-style-type: none"> Platform: Randox Evidence Investigator Analyses detected: Fumonisin, Ochratoxin A, Aflatoxin G1, Deoxynivalenol, T2/H12 toxins, Aflatoxin B1, Zearalenone Calibrator: Included Number of tests: 54 tests 	kit	2	165,000.00	330,000.00	
3	Antimicrobial Quality Control II kit for the Randox Evidence Investigator	<ul style="list-style-type: none"> Application: control for the Randox Evidence Investigator platform Contents: 3 x 1ml (lyophilized) Analyses: Tetracyclines (generic), Tylosin, Thiampenicol, Quinolones (generic), Streptomycin, Cefixim Storage: 2°C - 8°C 	kit	2	25,000.00	50,000.00	
4	Feed Preparation kit for the Randox Evidence Investigator	<ul style="list-style-type: none"> Platform: Randox Evidence Investigator Application: for preparation of feed samples for analysis Volume: 2 x 250ml 	kit	1	45,000.00	45,000.00	
TOTAL ABC						695,000.00	
TOTAL QUOTED AMOUNT IN WORDS:							

Reviewed and Checked By:

 Arnel M. Bombio
 BAC TWG

Please quote at your government price (including VAT) and state that the time within which you can make delivery. It will be appreciated if we can have your quotation in the office as soon as possible on or before the deadline stated herein.


SAUBEL EZRAEL A. SALAMMAT
BUYER/END-USER

TERMS AND CONDITIONS:

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 **minimum of one (1) year warranty and two (2) to three (3) years extended warranty (if applicable)** in the case of **NON-EXPENDABLE SUPPLIES** after acceptance by End-user of the delivered supplies.
3. Delivery period within 60 calendar days.
4. Award of contract shall be made to the lowest quotation which complies with the technical specifications, and other terms and condition stated herein
5. UPJLB reserves the right to reject any or all offers as may be considered most advantageous to the University.
6. Any infractions, erasure, or overwriting shall be valid only if they are signed or initiated by you or any of your duly authorized representatives.

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

	Shopping (Section 52)	Negotiated Procurement- Small Value Procurement (Section 53.9)	Negotiated Procurement- Lease of Real Property or Venue (Section 53.10)	Negotiated Procurement- Scientific, Scholarly or Artistic Work, Exclusive Technology and Media Services (Section 53.6)	Negotiated Procurement- Emergency (Section 53.2)
1 Mayor's/Business Permit	/	/	/	/	/
2 PhilCEPS Registration Number	/	/	/	/	/
3 Professional license/ CV (consulting services)	/	/	/	/	/
4 PCAB License (for Infrastructure)	/	/	/	/	/
5 Income / Business tax returns (except for government agencies as lessor)		FOR ABC'S ABOVE 500K	/	/	FOR ABC'S ABOVE 50K
6 Omnibus Sworn Statement		FOR ABC'S ABOVE 50K			FOR ABC'S ABOVE 500K
7 NFCC for Infrastructure with ABC above Ph500K		/			FOR ABC'S ABOVE 50K

After having carefully read and accepted your General Conditions, I/We quote you on the item at prices noted above.

Name of the Company: _____

Address: _____

Signature over Printed _____

Name of Representative: _____

Position: _____

Tel. No. : _____

Fax No. : _____

Email Address: _____

Date: _____