



UNIVERSITY OF THE PHILIPPINES
LOS BANOS
Los Banos, IV-A
VAT Reg. TIN: 000-864-006-00004
Request for Quotation/ Bid Form (Technical Specifications)
IRNR-CFNR

UPLB BAC SECRETARIAT
BY: [Signature] DATE: 9-20-24

SEP 24 2024 ^{10am}

UPLB-RQ-CFNR

UPLB-RQ- 9-395-24-2es

DEADLINE OF SUBMISSION

DEADLINE OF SUBMISSION:

Date

August 5, 2024

Fund Code:

N933622

MOP:

SVP

Contact No:

536-5314

Contact Person

GLENDA C. ALCACHUPAS

173118

Note

- Bidders shall provide correct and accurate information required in this form. All entries must be typewritten or in print and properly
- 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
- Quotation through fax/email is acceptable. Winning bidder shall submit original signed RQ before issuance of
- 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
- Others:

RFQ for

ITEM #	GENERAL NAME OF THE ITEM	REQUIRED SPECIFICATIONS	Qty.	Unit of Measure	Estimated Unit Cost	Estimated Total Cost	OFFERED SPECIFICATIONS Suppliers must state here the detailed technical specifications of their offer against each of the individual parameters of each requirement.	UNIT PRICE	TOTAL COST	EVALUATION (Leave this space blank. For BAC/Evaluators only)
1	VAN RENTAL	September 26, 27 & 30, 2024. – Vehicle to service Project Staff from UPLB to Manila Area, vice versa to Attend meeting in DSHUD. Max. Number of passenger per van= 12 pax with wide area and head rest, including toll, parking, and insurance (Comprehensive) With LTFRB Franchise & Philgeps Accreditation.	3	trip	7000.00	21000.00				
2		September 25-27, 2024. Vehicle to service Project Staff from UPLB to La Union Area, vice versa to CEDRA Consultations. Max. Number of passenger per van= 12 pax with wide area and head rest, including toll, parking, and insurance (Comprehensive) With LTFRB Franchise & Philgeps Accreditation.	1	trip	27000.00	27000.00				
4		September 27, 30, 2024 – Vehicle to service Project Staff from UPLB to Laguna Area, vice versa. Max. Number of passenger per van= 12 pax with wide area and head rest, including toll, parking, and insurance (Comprehensive) With LTFRB Franchise & Philgeps Accreditation.	2	trip	3570.00	7140.00				
TOTAL ABC:						65140.00	TOTAL AMOUNT:	P0.00		

Reviewed and Checked By:

[Signature]
BAC TWG

Please quote at your government price (including VAT) and state that the time within which you can make delivery. It will be

TERMS AND CONDITIONS:

- Price quotation/s shall be valid for a period of at least (30) calendar days from the date of submission.
- In order to assure that manufacturing defects shall be corrected by supplier, a warranty security shall be required from the contract awardee for
- Delivery period within 15 calendar days.
- Award of contract shall be made to the lowest quotation which complies with the technical specifications, and other terms and condition stated here
- UPLB reserves the right to reject any or all offers as may be considered most advantageous to the University.
- Any interlineations, erasure, or overwriting shall be valid only if they are signed or initiated by you or any of your duly authorized representative/s.

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

REQUIREMENTS	Shopping	Negotiated	Negotiated Procurement-	Negotiated Procurement- Scientific, Scholarly	Negotiated Procurement-
1 Mayor's/Business Permit	/				
2 PhilGEPS Registration Number	/				
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					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: _____

Tel. No. :

Fax No. : _____

Signature over Printed
Name of Representative: _____

Email Address: _____

Position: _____

Date: