



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 Veterinary Teaching Hospital

UPLB BAC SECRETARIAT
BY: *[Signature]* DATE: 30-10-24
NOV 05 2024 *(Date)*
UPLB-RQ-*60438-24-Goods*
DEADLINE OF SUBMISSION

UPLB-RQ-

DEADLINE OF SUBMISSION:

Suppliers Name: _____

Date: 21-Jun-24
Fund Code: 9317228
MOP: Competitive Bidding *For Small Value*
Contact No: (+63)939-988-2066
Contact: Aisa Zarynne O. Medina *Procurement*

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

PR: 166271

- 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
 - Quotation 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	Dewormer, Albendazole	11.36% oral suspension, 1 liter/ bottle	btl	4	5200	20,800.00				
2	Dewormer, Ivermectin	Injectable, 10 mg/ ml, sterile solution for subcutaneous injection, 100 ml/ bottle, at least 1 year and 6 months expiration from the date of delivery	btl	1	2250	2,250.00				
	Medication, Tofenamic acid	4% tofenamic acid, 100ml/ per bottle at least 1 year and 6 months expiration from the date of delivery	btl	2	1500	3,000.00				
3	Medication, Toltrazuril	5% suspension, 250 ml, at least 1 year and 6 months expiration from the date of delivery	btl	2	3000	6,000.00				
4	Vitamins, Vitamin B-complex with Iron	solution for injection, 100 ml/ bottle, atleast 1 year and 6 months expiration from the date of delivery	btl	15	700	10,500.00				
5	Mineral, Iron Dextran	injectable, 10%, 100 ml/bottle, at least 1 year and 6 months expiration from the date of delivery	btl	5	500	2,500.00				
6	Vitamins, Vitamin A+D+E	veterinary preparation, each ml contains: Vitamin A: 500,000 I.U., Vitamin D: 100,000 I.U., Vitamin E: 100 I.U. injectable, 100 ml/bottle, atleast 1 year and 6 months expiration from the date of delivery	btl	15	500	7,500.00				
7	Antibiotic, Oxytetracycline	solution for injection, 100 ml/ bottle, atleast 1 year and 6 months expiration from the date of delivery	btl	2	650	1,300.00				
8	Antipyretic, Flunixin Meglumine	50mg/ ml, 100ml/ bottle, at least 1 year and 6 months expiration from the date of delivery	btl	1	2000	2,000.00				
8	Wound spray	75ml, natural remedies pet wound healing spray	ctr	5	410	2,050.00				
9	Wound spray	100ml, oxytetracycline heridex wound spray	ctr	5	350	1,750.00				
10	Ear tag	Ear tag for goat/sheep with No's. 1-100 indicated, 100pcs/ set	pck	1	5000	5,000.00				
TOTAL ABC						64,650.00				
								TOTAL QUOTED AMOUNT IN WORDS:		

Reviewed and Checked By: *[Signature]*
Arel M. Bombio
BAC TWG

[Signature]
AISA ZARYNNE O. MEDINA
BUYER/ END-USER

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.

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 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.
- Delivery period within 14 calendar days.
- Award of contract shall be made to the lowest quotation which complies with the technical specifications, and other terms and condition stated herein
- 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 (Section 52)	Negotiated Procurement- Small Value Procurement (Section 53.9)	Negotiated Procurement- Lease of Real Property or Venue (Section 53.5)	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 PhilGEPS Registration Number <small>Revised 8 June 2018, UNIT BAC RESOLUTION NO. P-006-18</small>	/	/	/	/	/

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: _____

Tel. No. : _____

Signature over Printed _____

Fax No. : _____

Name of Representative: _____

Email Address: _____

Position: _____

Date: _____