



UNIVERSITY OF THE PHILIPPINES

LOS BAÑOS

Los Baños IV-A

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

Request for Quotation/ Bid Form (Services)
College of Public Affairs and Development, Office of the Dean

UPLB BAC SECRETARIAT
BY: [Signature] DATE: 11/27/2024
DEC 02 2024
UPLB-RQ- 11-162-24-I-100M
DEADLINE OF SUBMISSION

UPLB-RQ-

DEADLINE OF SUBMISSION:

Suppliers Name: _____

Date: _____
Fund Code: 9375300
MOP: Competitive Bidding
Contact No: 536-0319
Contact Person: Benedict L. Reforma

Part 2

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

Note:

- 1. 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.
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 Purchase 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: _____

Table with 10 columns: 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, QUOTED UNIT PRICE, TOTAL QUOTED PRICE, EVALUATION. Includes rows for Labor items and a TOTAL ABC row.

Reviewed and Checked By:

[Signature]
DOMINIC D. CAMUS
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.


 Benedict L. Reforma
BUYER/ END-USER

ND 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 **45** 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 is may be considered most advantageous to the University.
- are signed or initiated by you or any of your duly authorized representative/s.

rs (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	Negotiated Procurement- Scientific, Scholarly or Artistic Work, Exclusive Technology and Media Services (Section 53.6)	Negotiated Procurement- Emergency (Section
1	Mayor's/Business Permit	/	/	/	/	/
2	PhilGEPS 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.

of the Company:

Address: _____ Tel. No. : _____
 _____ Fax No. : _____
 Signature over Printed _____ Email Address: _____
 Name of Representative: _____
 Position: _____ Date: _____