



UNIVERSITY OF THE PHILIPPINES
LOS BANOS
Los Banos, IV-A
VAT Reg. TIN: 000-864-006-00004

Request for Quotation/ Bid Form (Technical Specifications)
UPLB Office of Student Housing

UPLB BAC SECRETARIAT
BY: *gg* DATE: 11-19-24
NOW 26 2024 *oam*
UPLB-RQ-11-469-24-600ds
DEADLINE OF SUBMISSION

UPLB-RQ- _____

DEADLINE OF SUBMISSION: _____

Suppliers Name: _____

Date: November 15, 2024
Fund Code: 8219700
MOP: SVP
Contact No: jbrienda@up.edu.ph
Contact Person: JV Rienda

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

- 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.
 - 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	Catering Services	AM Snacks + PM Snacks + Lunch (Plated/Assisted Buffet), Snacks: (Various Noodle Pasta, Pastries/Bread/kakanin, and Coffee/Tea/Juice), Lunch: (Rice, Choice of Meat/Beef/Chicken/Fish, Vegetable, Dessert, and Juice) Good for 60 pax - Training/Seminar for OSH staff for December 3, 2024	pax	60	450.00	27,000.00				
2	Catering Services	Package 3: AM Snacks or PM Snacks + Lunch (Packed), Snacks: (Various Noodle Pasta, Pastries/Bread/kakanin, and 350ml Bottled Water/350ml Bottled Soda), Lunch: (Rice, Choice of Meat/Beef/Chicken/Fish, Vegetable, Dessert, and 350ml Bottled Water/350ml Bottled Soda) Good for 60 pax - Staff Meetings / OSH meetings for December 6, 2024	pax	60	260.00	15,600.00				
3	Catering Services	AM Snacks or PM Snacks (Packed), (Various Noodle Pasta, Pastries/Bread/kakanin, and 350ml Bottled Water/350ml Bottled Soda) Good for 60 pax - Staff Meetings / OSH meetings for December 13, 2024	pax	60	80.00	4,800.00				
4	Catering Services	Package 3: AM Snacks or PM Snacks + Lunch (Packed), Snacks: (Various Noodle Pasta, Pastries/Bread/kakanin, and 350ml Bottled Water/350ml Bottled Soda), Lunch: (Rice, Choice of Meat/Beef/Chicken/Fish, Vegetable, Dessert, and 350ml Bottled Water/350ml Bottled Soda) Good for 60 pax - Staff Meetings / OSH meetings for December 16, 2024	pax	60	260.00	15,600.00				

5	Catering Services	AM Snacks + PM Snacks + Lunch (Plated/Assisted Buffet), Snacks: (Various Noodle Pasta, Pastries/Bread/kakanin, and Coffee/Tea/Juice), Lunch: (Rice, Choice of Meat/Beef/Chicken/Fish, Vegetable, Dessert, and Juice) Good for 110 pax - 2024 OSH Year-End Workshop for December 11, 2024	pax	110	450.00	49,500.00				
TOTAL ABC						112,500.00				
Note: Lumpsum Award							TOTAL QUOTED AMOUNT IN WORDS:			

Reviewed and Checked By: Jennylyn N. Cepill
Leah M. Gonzales
 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.

Jennylyn N. Cepill
 BUYER/END-USER

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 53.10)	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 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.

Name of the Company: _____

Address: _____ Tel. No. : _____

Signature over Printed Name of Representative: _____ Fax No. : _____

Position: _____ Date: _____