

UNIVERSITY OF THE PHILIPPINES LOS BANOS

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

Request for Quotation/ Bid Form (Technical Specifications)
OFFICE OF THE UNIVERSITY REGISTRAR (OUR)

NOV 2 6 2024 - TIL UPLG-RQ- 11-504-94-9000S DEADLNE OF SUEMISSION

UPLB BAC SECRETARIAT

PR-202411-00482

DEADLINE OF SUBMISSION:

	Suppliers Name:					Date	November 14, 2024	er 14, 2024 /			
						Fund Code: MOP:	9375400 SVP() // // //		A THE RESIDENCE AND A SECOND PORTION OF THE PARTY OF THE	AND ADDRESS OF THE PERSON NAMED IN	
						Contact No: Contact Person	536-2426 Digna D. Felismino	FOR	SHOP	PING	
		Please quote your lowest pri	ice on the	item	s listed below,		() parties		Marie and a street of the second second	THE BUILD SHOW TO SERVE SHOW THE PERSON NAMED IN	
Note:	Bidders shall papplicable.	provide correct and accurate inform	nation req	uired i	n this form. All e	ntries must be typewri	itten or in print and properly accord	nplished. Do not	leave blank entrie	es, put N/A for r	
	2. Price quotation	n/s to be denominated in Philippine indicate the BRAND and MODEL N	Peso sh	all incl	ude all taxes, dut	ies, and/ or levies pay	able.			1. 6	
	unconditional sta	tement of specification and compli- rugh fax/email is acceptable. Winni	ance issu	ed by	the manufacture	er and sample.		or manuracture	ers un-amended s	ale literature,	
	5. Quotations ex	ceeding the Appoved Budget for C requirements per Memorandum N	ontract sh	nall be	rejected.						
ITEM No.	GENERAL NAME OF THE ITEM	REQUIRED SPECIFICATIONS	UNIT OF MEASU RE	QTY	ESTIMATED UNIT APPROVED BUDGET OF THE CONTRACT	ESTIMATED TOTAL APPROVED BUDGET OF THE CONTRACT	OFFERED SPECIFICATION Suppliers must state here the detailed technical specifications of their offer against each of the individual parameters of each requirements	QUOTED UNIT PRICE	TOTAL QUOTED PRICE	EVALUATION (Leave this spa blank. For BA Evaluators on	
1	Paper	Paper,Copy, 8.5" x 14", 80 gsm, 500 sheets per ream	ream	200	500.00	100,000.00					
					TOTAL ABC :	100,000.00					
		***************************************				1001000100	TOTAL QUOTED AMOUNT IN I	WORDS:			
		Government orice (including VA	office as	soon	as possible on o	or before the deadlin	e stated hereiff.		•		
		,					BUYER END-USER		4		
	AND CONDITIONS						2				
		valid for a period of at least (30) calenda anufacturing defects shall be corrected b				required from the contract	ct awardee for a minimum period of thre	e (3) months in the	he case of		
EXPEN	IDABLE SUPPLIES the delivered supplie	, or a minimum of one (1) year warrant	y and two	(2) to t	three (3) years exte	ended warranty (if applic	cable) in the case of NON-EXPENDABL	E SUPPLIES after	acceptance by End-		
3. Deliv	rery period within 7	calendar days.									
 Awa UPL 	rd of contract shall be B reserves the right	e made to the lowest quotation wich com to reject any or all offers as may be cons	plies with the	ne techr st adva	nical specifications, intageous to the Uni	and other terms and cond versity.	liton stated herein				
6. Any	interlineations, erasu	are, or overwriting shall be valid only if the	ey are signe	ed or ini	itiated by you or any	of your duly authorized re	epresentative/s.				
Requir	ements for Supplie	rs (GPPB Resolution No. 21-2017)									
		REQUIREMENTS	Shop (Section		Negotiated Procurement-	Negotiated Procurement Lease of Real Property	Negotiated Procurement- Scientific, Scholarly or Artistic Work, Exclusive	Negotiated	1		
			(Secur	я (Э2)	Small Value Procurement	or Venue (Section 53.10)	Technology and Media Services (Section 53.6)	Procurement- Emergency (Section 53.2)			
	Mayor's/Business P		1		(Section 53.9)	/	/	/	1		
	PhilGEPS Registrat	ion Number d/ CV (consulting services)	/		/	/	/	/]		
	PCAB License (for				/		/				
5	Income / Business agencies as lessor)	tax returns (except for government			FOR ABC'S ABOVE	/	,	FOR ABC'S ABOVE			
6	Omnibus Sworn Sta				FOR ABC'S ABOVE			FOR ABC'S ABOVE			
7	NFCC for Infrastruc	ture with ABC above Ph500k			/			FOR ABO'S ABOVE			
		read and accepted your Genera	Condition	ons, I/	We quote you o	n the Item at prices r	noted above.	1			
Addre	of the Company:					T-I N-					
Addre	55.				-	Tel. No. :			-		
Sign	ture over Printed				-	Fax No. :			-		
Name of						Email Address:					
Position	on:				-	Date:					
					-				-		