

UNIVERSITY OF THE PHILIPPINES

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

Request for Quotation/ Bid Form (Technical Specifications)
Division of Soil Science, ASI

UPLB BAC SECRETARIAT
BY: *[Signature]* DATE: 11-29-24
DEC 03 2024 ^{10am}
UPLB-RQ-11-521-24-600ds
UPLB-RQ-11-521-24-600ds
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DEADLINE OF SUBMISSION:

Supplier: _____

Date: **September 27, 2024**
Fund Code: **LAB FEE TRUST FUND 8203121**
MOP: **SVP**
Contact No: **09186924409**
Contact Person: **Marlene Ang**

Please quote your lowest price on the item/s listed below, subject to the General Conditions below. **PR: 175340**

- 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 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 space blank. For BAC/ Evaluators only)
1	Agar	Bacteriological grade, 500g/btl	btl	1	7,600.00	7,600.00				
2	Ammonium sulfate	AR, 500g/btl	btl	1	1,800.00	1,800.00				
3	Bromthymol blue	25g/btl, AR	btl	2	1,000.00	2,000.00				
4	Calcium phosphate	AR, powder, 250g/btl	btl	1	1,500.00	1,500.00				
5	Calcium carbonate	AR, powder, 500g/btl	btl	1	1,800.00	1,800.00				
6	Casein	casein enzymatic hydrolysate (Type-I); 500g/btl	btl	1	2,600.00	2,600.00				
7	Dextrose	Dextrose monohydrate, Analytical Reagents; 500g/btl	btl	1	1,600.00	1,600.00				
8	Disodium phosphate	Analytical Reagent, powder, 250g/btl	btl	1	1,900.00	1,900.00				
9	Ferric chloride hexahydrate	AR, 500g/btl	btl	1	2,000.00	2,000.00				
10	Glucose	AR, 500g/btl	btl	1	3,800.00	3,800.00				
11	Glycerol	AR, 2.5L/btl	btl	1	5,000.00	5,000.00				
12	Magnesium sulfate	AR, 500g/btl	btl	1	1,800.00	1,800.00				
13	Magnesium sulfate heptahydrate	Analytical Reagent, 500g/btl	btl	1	1,750.00	1,750.00				
14	Malachite green	25g/btl; AR	btl	1	2,500.00	2,500.00				
15	Malic acid	AR, 500g/btl	btl	1	2,000.00	2,000.00				
16	Malt extract	AR, 500g/btl	btl	1	7,000.00	7,000.00				
17	Manganese sulfate	AR, 500g/btl	btl	1	2,000.00	2,000.00				
18	Nutrient Agar	AR, 500g/btl	btl	1	4,000.00	4,000.00				
19	Nutrient broth	AR, 500g/btl	btl	1	2,600.00	2,600.00				
20	Oil immersion	Analytical Reagent, 500ml/btl	btl	1	3,900.00	3,900.00				
21	Dipotassium phosphate	AR, 500g/btl	btl	1	1,800.00	1,800.00				
22	Potassium chloride	AR, 500g/btl	btl	1	1,300.00	1,300.00				
23	Potato Dextrose Agar	AR, 500g/btl	btl	1	4,000.00	4,000.00				
24	Sodium molybdate dihydrate	AR, 500g/btl	btl	1	2,500.00	2,500.00				
25	Soluble starch	AR, white, powder, 500g/btl	btl	1	2,000.00	2,000.00				
26	Streptomycin sulfate salt	25g/btl; AR	btl	1	7,000.00	7,000.00				
					TOTAL ABC					
						77,750.00				
							TOTAL QUOTED AMOUNT IN WORDS:			

Reviewed and Checked by:

[Signature]
MR. JERIC VILLANUEVA
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.


MARLENE ANG
BUYER/ END-USER

TERMS AND 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-
3. Delivery period within 15 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
5. UPLB reserves the right to reject any or all offers as may be considered most advantageous to the University.
6. Any intentions, 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: _____

Signature over Printed Name of Representative: _____

Position: _____

Tel. No. : _____

Fax No. : _____

Email Address: _____

Date: _____