



UNIVERSITY OF THE PHILIPPINES
BAGUIO

Governor Pack Road, Baguio City, Benguet, CAR
VAT Reg. TIN: 000-864-006-00007

REQUEST FOR QUOTATION
UPB Supply and Property Management Office

Date: May 18, 2022
RFQ No.: 2535
MOP: Small Value Procurement
SOF: unspecified

Please quote your lowest price on the item/s listed below, subject to the General Conditions below, stating the shortest time of delivery and submit your Quotation duly signed by your representative not later than (MAY 25, 2022) in the return envelope attached herewith.

Note:

- 1. All entries must be typewritten or in print.
2. Delivery for a minimum period of 30 calendar days.
3. Warranty shall be for a period of six (6) months for supplies and materials, one (1) year for equipment, from the date of acceptance by the procuring entity
4. Price validity shall be for a period of 90 calendar days.
5. PhilGEPS Registration Certificate and Business Permit shall be attached upon submission of the quotation (if applicable).
6. Bidders shall submit original brochures showing certifications of the product being offered.
7. Bidders must indicate the BRAND and MODEL NUMBER offered when appropriate.
8. Omnibus Sworn Statement (P50,000 & Above) to be submitted before issuance of Purchase Order

Others:

RFQ for cleaning supplies and materials to be used in laboratories

Table with 10 columns: ITEM NO., GENERAL DESCRIPTION, Compliance with technical specifications (Pls. check) (YES/NO), UOM, QTY, UNIT PRICE, TOTAL PRICE, QUOTED UNIT PRICE, TOTAL QUOTED PRICE. Includes items like Ethanol, Gargabe Bags, and Trash bin sets.

Please quote at your government price (Including VAT) and state 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.

Signature of RODOLFO T. SUYAT, ADMINISTRATIVE OFFICER III

After having carefully read and accepted your General Conditions, I/We quote you on the items at prices noted above.

Name of the Company:
Address:
Name of Representative:
Position:
Signature:

Tel. No.:
Fax No.:
Email Address:
Date: