



UNIVERSITY OF THE PHILIPPINES BAGUIO

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Email Address: spmo.upbaguio@up.edu.ph

REQUEST FOR QUOTATION (RFQ)

PROCUREMENT PROJECT: Supply of Labor and Materials for the Repair of Planetary Scanner for the University Library
Purchase Request No.: 16599
Approved Budget for the Contract: Php 61,000.00

Date: 02 June, 2022
RFQ No.: 2563
MOP: NP-SVP

INSTRUCTIONS:

- Accomplish this RFQ correctly and completely.
- Bidder should attach a copy of the latest Business Permit, PhilGEPS Registration and Omnibus Sworn Statement.**
- Warranty shall be 6 months for for supplies and materials, 1 year for equipment from the date of acceptance of the Procuring Entity.
- Submit your quotation at the Supply and Property Management Office, UP Baguio OR may email at jebagsic@up.edu.ph and cc: spmo.upbaguio@up.edu.ph with RFQ No. as part of the subject NOT LATER THAN 5:00 PM on 07 June, 2022.**
- Price validity shall be for a period of 90 calendar days.
- Bidders must indicate the Brand and Model Number offered when appropriate.
- Failure to follow these instructions will disqualify your entire quotation.

Please quote your lowest government price (including VAT) on the item/s listed below, and state the time of which you can make delivery. The information stated below shall be the basis for the evaluation and calculation of your quotation.

RODOLFO T. SUYAT, JR.
Chief, SPMO

ITEM NO.	GENERAL DESCRIPTION	STATEMENT OF COMPLIANCE TO TECHNICAL SPECIFICATIONS (PLEASE CHECK)		UOM	QTY	UNIT PRICE	TOTAL PRICE	QUOTED UNIT PRICE	TOTAL QUOTED PRICE	
		YES	NO							
1	Repair of Book2Net Spirit Plus Planetary Scanner			lot	1	61,000.00	61,000.00			
	-Delivery Period: within 30 calendar days upon receipt of Purchase Order									
	-PLEASE INDICATE WARRANTY OFFERED FOR THE ITEM									
	-*** Nothing Follows ***-									
							TOTAL: 61,000.00	BID TOTAL:		
TOTAL QUOTED AMOUNT IN WORDS:										

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: _____
Name of Representative: _____
Position: _____
Signature: _____

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