



UNIVERSITY OF THE PHILIPPINES BAGUIO

Governor Pack Road, Baguio City, Benguet, CAR
VAT Reg. TIN: 000-864-006-00007
Telephone No. 074.442.3484
Email Address: spmo.upbaguio@up.edu.ph

REQUEST FOR QUOTATION (RFQ)

PROCUREMENT PROJECT: Supply of Professional Services for Transportation Rental for Office of the Cordillera Studies Center
Purchase Request No.: 18482
Approved Budget for the Contract: Php 53,000.00

Date: 11 January, 2023
RFQ No.: 2807
MOP: NP-SVP

INSTRUCTIONS:

- 1. Accomplish this RFQ correctly and completely.
2. Bidder should attach a copy of the latest Business Permit, PhilGEPS Registration and Notarized Omnibus Sworn Statement.
3. Warranty shall be 6 months for for supplies and materials, 1 year for equipment from the date of acceptance of the Procuring Entity.
4. 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 0800H on 16 January, 2023.
5. Price validity shall be for a period of 90 calendar days.
6. Bidders must indicate the Brand and Model Number offered when appropriate.
7. 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.

MARY ANNE R. RIVERA

Head, SPMO

Table with 9 columns: ITEM NO., GENERAL DESCRIPTION, STATEMENT OF COMPLIANCE TO TECHNICAL SPECIFICATIONS (PLEASE CHECK), UOM, QTY, UNIT PRICE, TOTAL PRICE, QUOTED UNIT PRICE, TOTAL QUOTED PRICE. Row 1: VAN RENTAL for the CSC-DOST ALANGUI/TINDAAN LANDSLIDE KNOWLEDGE MANAGEMENT CENTER FIELDWORK in MT. PROVINCE and IFUGAO from JANUARY 23 to 28, 2023. Includes scope of services and delivery period details.

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: