



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

PROCUREMENT PROJECT: 14 March 2024

Purchase Request No.: 21786

Approved Budget for the Contract: **P55,000.00**

20 February 2024 Date:

RFQ No. **3928**

NP-Small Value Procurement MOP:

INSTRUCTIONS:

- 1. Accomplish this RFQ correctly and completely. Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by the bidder or any of your duly authorized representative/s.
- 2. Bidder should attach a copy of the latest Business Permit#, PhilGEPS Registration Number and Notarized Omnibus Sworn Statement for an Approved Budget for the Contract (ABC) above \$50,000 except for Shopping as an Alternative Method of Procurement that requires the latest business permit# and PhilGEPS registration only. Quotations exceeding the ABC shall be rejected.

In Addition:

- 2a. For Corporations & Cooperatives: A Notarized Secretary's Certificate or Notarized Board Resolution:
- 2b. For Sole Proprietorship: A Notarized Special Power of Attorney if the OSS Affiant is other than the Sole Proprietor.
- 3. Warranty**, if appropriate, shall be six (6) months for supplies and materials, one (1) year for equipment from the date of acceptance of the Procuring Entity.
- **4.** Submit your quotation, *preferably sealed*, at the Supply and Property Management Office, UP Baguio **OR** send to this email address ONLY **<u>spmo.upbaguio@up.edu.ph</u>** and **cc: <u>bac.upbaguio@up.edu.ph</u>** with the subject heading **RFQ No. 3928** NOT LATER THAN **12:00 NN** on **26 February** 2024.
- 5. Price validity shall be for a period of 90 calendar days.
- 6. IF APPLICABLE, bidders shall indicate the Brand and Model Number of the item/s being offered.
- 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.

Canvassed by:

Ma. Christine P. Berganio

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	alkt	10.00
	Ruel C. Lestin	200
NAME OF TAXABLE PARTY.	Ruel C. Lesen	

RUEL C. LESTINO Head, SPMO

Compliance with technical QUOTED TOTAL ITEM UNIT TOTAL (N/A if **GENERAL DESCRIPTION** specifications UNIT OUOTED OTY sure (ex. pc, lot, kl) NO. **PRICE** PRICE (Pls. check) PRICE* PRICE YES NO Hotel Accommodation for the International AUN QA Assessors on 11-14 March 2024 Hotel Accommodation for the Two (2) International AUN-QA Assessors for the DB AUN-QA On-Site Assessment on March 11-14, 2024 for 2pax@27,500.00/pax Check-in date: March 11, 2024 Check-out date: March 14, 2024 Room Accommodation Requirement: -Good for 1-2 pax -Stable Wi-Fi Connection -Sufficient liahtina -Working desk with lamp Accommodation at least 4 or 5 star rating lot ₱ 55,000.00 ₱ 55,000.00 Meal Requirement: -Halal Food -with breakfast (to serve between 5:30-7:00 am) -with dinner Day 1: Bufffet (if available) for 2 pax Day 2-3: Plated Meals for 2 pax Additional Requirement: Small Meeting room for 5pax on 13 March 2024 from 4:00pm-11:00pm MODE OF PAYMENT: CASH ON DELIVERY

Contract Award: Per line item Delivery Period: 11-14 March 2024

#A recently expired Mayor's/Business permit together with the official receipt as proof that the prospective bidder has applied for renewal within the period prescribed by the concerned local government unit. However, a copy of your Mayor's or Business Permit shall be required to be submitted after award of contract but before payment.

*Indicating a price/amount under "Quoted Unit Price" shall mean complying with the technical specification of the item without checking the compliance column otherwise provide a counter-offe.

**WARRANTY INCLUDED

*** Nothing Follows ***

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TOTAL	QUOTED	AMOUNT	IN	WORDS

After having carefully read and accepted your General Conditions, I/We quote you on the items at prices noted above.					
Name of the Company:	Tel. No. :				
Address:	Fax No. :				
Name of Representative:	Email Address:				
Position:					
Signature:	Date:				