

Republic of the Philippines

ILOILO SCIENCE AND TECHNOLOGY UNIVERSITY

La Paz, Iloilo City

| Department: | Bids and Awards Committee | |
|-----------------|------------------------------|--|
| Doc. Code: | QF-BAC-02 | |
| Rev. No.: | 00 | |
| Effective Date: | July 1, 2022 | |

REQUEST FOR QUOTATION

| (PR/JR NO.) | : | SVP-2023-017 | Date | : | | |
|--------------|---|--------------|---------------|---|-------|--|
| (11931(110.) | | | Doc Track No. | ; | 52794 | |
| | | | | 8 | | |

TO: ALL PROSPECTIVE SUPPLIERS

- The Iloilo Science and Technology University (ISAT U) through the Office of <u>the BIDS and AWARDS</u>
 <u>COMMITTEE</u>, intends to procure <u>THERMOCYCLER AND MICROPIPETTE</u> for CY <u>2023</u>, in accordance with
 Section <u>53.9</u> (Negotiated Procurement <u>Small Value Procurement</u>) of the 2016 Revised Implementing
 Rules and Regulations of Republic Act No. 9184.
- 2. The Approved Budget for the Contract (ABC) is <u>Four Hundred Sixty One Thousand Pesos (461,000.00)</u>. The period for the performance of this obligations shall not go beyond the validity of the appropriations for this project. For purposes of evaluation, comparison and ranking of bids/offers, the suppliers who submitted the single / lowest calculated responsive quotation shall be awarded the Purchase Order after evaluation by the Technical Working Group (TWG).
- 3. The Procurement Mechanism to be used is "BY LOT".
- 4. Please quote your best offer for item/s described herein, subject to the <u>(Terms of Conditions/Technical Specifications)</u> of this Request for Quotation (RFQ). Subject your quotation duly signed by your authorized representative not later than 3:00 PM on ______ at the Procurement Management Office (PMO) BAC Secretariat Office, ISAT U, Burgos St., La Paz, Iloilo City. Quotations may also be submitted through email at the address and contact numbers indicated below.
- 5. Quotation shall be enclosed in a sealed envelope and addressed to the PMO BAC Secretariat at the address given above. The envelope should have the PR/JR Number boldly and conspicuously identified.
- 6. The successful proponent must be able to meet/submit the following requirements:
 - 6.1 The Terms and Conditions/Technical Specifications, as provided.
 - 6.2 The **Schedule of Requirements**, as provided.
 - A copy of 2023 **Business Permit/Mayor's Permit** and **PhilGEPS Registration Number** is also required to be submitted together with the signed quotation/proposal. (see GPPB *Resolution No. 09-2020 Item 6.2*)
 - The Omnibus Sworn Statement (GPPB-prescribed forms), Income/Business Tax Return for ABC's above Php 500,000.00 shall be submitted prior to award. (see GPPB Resolution No. 09-2020 Item 6.3)
 - 7. The quotation should be valid for sixty (60) calendar days from the due date indicated above.
 - 8. ISAT U reserves the right to request for additional documents that it deems necessary in order to make any decision or any quotation.
 - All prospective suppliers must fill out the RFQ provided by ISAT U. Any quotation other than what is provided by the Procuring Entity (PE) or not complying with the RFQ requirements may not be considered.
 - ISAT U reserves the right to accept or reject any quotation, to annul the procurement process, or not to award the contract without thereby incurring any liability to the affected bidders.
 - Submission of quotation in response to this request shall be construed as commitment to undertake the services in accordance with the terms and conditions or specifications, and schedule of implementation set forth in this RFQ.
 - 12. For any clarification, you may contact us at (033) 320-7184 local no. 133 or email us at bac.isatu@gmail.com

Corazon C. Corbal, Ph.D.



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INSTRUCTIONS

- 1. Accomplish this RFQ correctly, accurately and completely.
- 2. Do not alter the contents of this form in any way.
- 3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
- 4. Failure to follow these instructions will disqualify your entire quotation.

TECHNICAL SPECIFICATION

- 1. Please quote your <u>best offer</u> for item/s below. Please do not leave any blank items. Indicate "F" if the item offered is for FREE or "NA" for NOT AVAILABLE in the "Total Cost" if applicable.
- 2. Bidders must state <u>"Comply"</u> or any equivalent term in the column "Bidder's Statement of Compliance" against each of the individual parameters of each Specification.

| | | | ABC per | | | To be filled up by Supplier | | | |
|-------------|---------------------|---|---------------------------------|-----|------|---|---|---------------------------------|----------------------------------|
| item No. | Product Category | Description/Specification | Line Item (If applicable) | QTY | Unit | Bidder's Offer (State brand & model) | Bidder's Statement of Compliance | Unit Cost (VAT Inclusive) | Total Cost (VAT Inclusive) |
| 1 | Thermocycl er | Large Color LCD; Verifex Blocks 96 well 0.2 ml format; Volume Range 10-100 ul; enabled to run fast chemistry; controllable ramp rate; auto restart; edit program during experiment; one touch incubation; 35-99 deg C temperature accuracy; temperature range of 0-100 deg C; Dimensions (HxWxD) 21cm x 24.0cm x 46.0cm; USB and on-board memory; 8-inch color TFT LCD; Power 100-240 V, 50-60 Hz, max. 600 W | | 1 | unit | | | | |
| 2 | Micropipett e | 1-10 ul micro single channel 10-100 ul single channel 100-1000 single channel F-series stand | | 1 | set | | | | |
| 3 | Micropipett e | 0.2-2.0 ul single channel 2-20 ul single channel 20-200 ul single 100-1000 single channel F-series stand | | 1 | set | | | | |
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| x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x- | |
| | TOTAL |

| SC | HEDULE OF REQUIREMENT | |
|--------------------------------------|---------------------------|------------------|
| Particular | University Requirement | Supplier's Offer |
| Delivery Period | 30 CD upon receipt of PO | |
| Warranty Period | One year | |
| After Sales Services (If applicable) | | |

| SUPP | LIER'S INFORMATION |
|-----------------------------|-----------------------------|
| Supplier's Business Name | |
| Supplier's Business Address | |
| Contact No. | |
| Fax No. | |
| Email Address | |
| TIN No. | |
| PhilGEPS Registration No. | |
| | |
| | |
| | Signature over Printed Name |
| | |
| | Position/Designation |
| | |
| | Date |