



**Bid Notice Abstract**

**Request for Quotation (RFQ)**

**Reference Number:** 9101568  
**Procuring Entity:** NORTHWEST SAMAR STATE UNIVERSITY  
**Title:** Supply, Delivery and Installation of Laboratory Equipment (2022-10-432)  
**Area of Delivery:** Same

<b>Solicitation Number:</b>	2022-10-432	<b>Status:</b>	Active
<b>Trade Agreement:</b>	Implementing Rules and Regulations	<b>Associated Components:</b>	1
<b>Procurement Mode:</b>	Negotiated Procurement - Small Value Procurement (Sec. 50.9)	<b>Bid Supplements:</b>	0
<b>Classification:</b>	Goods - General Support Services	<b>Document Request List:</b>	1
<b>Category:</b>	Laboratory Supplies and Equipment	<b>Date Published:</b>	10/10/2022
<b>Approved Budget for the Contract:</b>	PHP 818,397.00	<b>Last Updated / Time:</b>	10/10/2022 08:00 AM
<b>Delivery Period:</b>	30 Days	<b>Closing Date / Time:</b>	10/10/2022 09:00 AM
<b>Client Agency:</b>			
<b>Contact Person:</b>	Jherrese Savellino Billate Procurement Staff Runda Extension Calbayog City Samar Rungway, 6110 63-55-2093122 63-55-2093122 procurement@nwsst.edu.ph		

**Description**

PROCUREMENT OFFICE  
 Email: procurement@nwsst.edu.ph  
 Contact Number: 09173178126

REQUEST FOR QUOTATION  
 RFQ No. 2022-10-432  
 October 11, 2022

**SR/MADAM:**

Please quote your lowest price for the following items enumerated below, taking into consideration the following TERMS AND CONDITIONS:

- The Approved Budget for the Contract (ABC) of Item 3 is P 818,397.00 under PR No. 2022-10-432
- Submit your quotation in a sealed envelope on or before October 16, 2022 @ 11:00 AM.
- Opening of R-QS is on October 18, 2022 @ 10:00 AM in our office.
- This procurement is PRR 11EM. However, if stated in LOT, quotation shall be evaluated by lot. Any price offer that exceeds the ABC shall be considered null and void.
- Price Quotation should be exclusive of the 6% Final VAT and Expanded Withholding Tax (EWIT) of 1%.
- Price Quotation shall be valid within thirty (30) calendar days from the issuance of this RFQ.
- Delivery Period is within 30 days and shall commence as stated in the Purchase Order. Free on site delivery.
- Provided the contract, processing and payment shall be made after the complete delivery of services/Supplies and final acceptance.
- Refusal to accept an award may be ground for imposition of administrative sanctions under Rule XXXI of the revised IRR of RA 9184. Please observe the Revised IRR of RA 9184.
- TOB-NORTHWEST SAMAR STATE UNIVERSITY Main located at Runda St, Calbayog City, Samar
- The procuring entity may terminate the contract in whole or in part at anytime for unsatisfactory service.
- Request for quotation should be returned within 7 days from receipt hereof.

Item No. Qty. Unit Articles/Description/Supplier's Offer (Complete Specifications and Brand Name) Unit Price

1. LOT Supply, Delivery and Installation of Laboratory Equipment

1 unit Microwave Digester

Specifications:

- Power: 220-240 VAC, 50/60 Hz, 8A
- Microwave frequency: 2450MHz
- Installed Power: 1800W
- Maximum Output Power: 1010W, Non-Pulse control, automatic variable frequency control
- Turntable design: Load BMP-TCC closed J-gest-on Vessels at the same time
- Pressure measurement and control system: Piezoelectric crystal pressure sensor, pressure control range 0-10MPa (1500 psi), accuracy ±0.01MPa
- Temperature measurement and control system: High-precision platinum resistor temperature sensor, temperature range: 0-300°C, accuracy ±1°C
- Outer vessel material: Explosion-proof made of aerospace composite fiber
- Inner Vessel material: TFM material
- Chamber exhaust system: High-power anticorrosion axial fan, exhaust speed: 3.3 m<sup>3</sup>/min
- Operating ambient temperature: 0-40°C
- Working Environment Humidity: 15-80%RH
- Whole physical size: 450 x 510 mm (WxDxH)
- Net weight: 40KG

1 unit Plant Tissue Grinder / (Mill Grinder)

Specifications:

- Screen aperture: 1.071, 5mm
- Speed: 1400r/min
- Motor power: 200w
- Discharge particle size: 80-120 mesh
- Weight: 11.5(kg)
- Crushing Chamber diameter: 102mm

1 unit Coifarm Tester

Specifications:

- Test Factor: Total Coifarms / E. coli, Bacteria
- Test System: Isolated Nutrient based
- # of Tests: 1
- # of Reagents: 1

Date:  
 (Sec.) NAME: S. CATAHORA, E.O.  
 DAC Chairperson

I have read and understood the Terms and Conditions stated above.  
 By signing this quote, I hereby agree and bind myself to the Terms and Conditions

Signature Over Printed Name:  
 Position / Title:  
 Business Address:  
 Contact No.:

Carryover by  
 (Signature Over Printed Name)

**Other Information**

Please submit the following documentary requirements:

- Business/Mayor's Permit
- PHIGEPS Registrar on No./Certificate
- Divulsiyon Statement
- Income Tax Return

**Created by:** Jherrese Savellino Billate  
**Date Created:** 10/10/2022

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**PROCUREMENT OFFICE**

Email: [procurement@nwssu.edu.ph](mailto:procurement@nwssu.edu.ph)  
 Contact Number: **09173178126**

**REQUEST FOR PRICE QUOTATION**

RFQ No. **2022-10-432**  
 October 11, 2022

**SIR/MADAM:**

Please quote your lowest price for the following items enumerated below, taking into consideration the following:

**TERMS AND CONDITIONS**

- The Approved Budget for the Contract (ABC) of Item 3 is **P 818,397.00** under PR No **2022-10-432**
  - Submit your quotation in a sealed envelop on or before **October 18, 2022** @ 9:00 AM.
  - Opening of RFQs is on **October 18, 2022** @ 10:00 AM in our office.
  - This procurement is PER ITEM, however, if stated in LOT, quotation shall be evaluated by lot. Any price offer that exceeds the ABC shall be disqualified.
  - Price Quotation should be inclusive of the 5% Final VAT and Expanded Withholding Tax (EWT) of 1%.
  - Price Quotation shall be valid within thirty (30) calendar days from the deadline of the RFQ.
  - Delivery Period is within 30 days and shall commence as stated in the Purchase Order. Free on site delivery.
  - If awarded the contract, processing and payment shall be made after the complete delivery of services/Supplies and final acceptance.
  - Refusal to accept an award may be ground for imposition of administrative sanctions under Rule XXII of the revised IRR of RA 9184.
- Please observe the Revised IRR of RA 9184.
10. FOB NORTHWEST SAMAR STATE UNIVERSITY Main located at Rueda St, Calbayog City, Samar.
- The procuring entity may terminate the contract, in whole or in part, at anytime for unsatisfactory service.
  - Request for quotation should be returned within 7 days from receipt hereof.

Item No.	Qty.	Unit	Articles/Description	Supplier's Offer (Complete Specifications and Brand Name)	Unit Price
<b>1</b>		<b>LOT</b>	<b>Supply, Delivery and Installation of Laboratory Equipment</b>		
	<b>1</b>	<b>unit</b>	<b>Microwave Digester</b>		
			Specification:		
			- Power 220-240 VAC 50/60 Hz 8A		
			- Microwave frequency 2450MHz		
			- Installed Power 1800W		
			- Maximum Output Power 1000W, Non-Pulse continuous automatic variable Frequency Control		
			- Turntable design Load 8MP/100 closed Digestion Vessels at the same time		
			- Pressure measurement and control system Piezoelectric crystal pressure sensor, pressure control range:0-10MPa (1500 psi), accuracy ±0.01MPa		
			- Temperature measurement and control system High-precision platinum resistor temperature sensor, temperature range :0-300°C, accuracy ±1°C		
			- Outer vessel material Explosion-proof made of aerospace composite fiber		
			- Inner Vessel material TFM material		
			- Chamber exhaust system high-power anticorrosion axial fan, exhaust speed: 3.1 m3/min		
			- Operating ambient temperature 0-40 C		
			- Working Environment Humidity 15-80%RH		
			- Whole physical size 450 x 510 mm (WxDxH)		
			- Net weight 40KG		
	<b>1</b>	<b>unit</b>	<b>Plant Tissue Grinder / (Mill Grinder)</b>		
			Specification:		
			Screen aperture: 1.0/1.5mm		
			Speed: 1400r/min		
			Motor power: 200w		
			Discharge particle size: 80-120 mesh		
			Weight: 11.5(kg)		
			Crushing Chamber diameter: 102mm		
	<b>1</b>	<b>unit</b>	<b>Coliform Tester</b>		
			Specification:		
			Test Factor: Total Coliform / E. coli Bacteria		
			Test System: Tabiated Nutrient based		
			# of Tests: 1		
			# of Reagents: 1		
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			Please submit the following documentary requirements:		
			1. Business/Mayor's Permit		
			2. PhilGEPS Registration No./Certificate		
			3. Omnibus Sworn Statement		
			4. Income Tax Return		

Date

**RAMIL S. CATAMORA, Ed.D.**  
 BAC Chairperson

I have read and understood the Terms and Conditions stated above.  
 By signing this quote, I hereby agree and bind myself to the Terms and Conditions.

Signature Over Printed Name \_\_\_\_\_  
 Position in Firm: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Contact No.: \_\_\_\_\_

Canvassed by:

(Signature Over Printed Name)