



JAN 18 2024

RFQ No. **231131 (Reposting)**
P.R. No. / Date / End User / Purpose:
(23-4710 11/21/2023 Office of the Provincial Warden For the use of Person Deprived of Liberty (PDLs) with medical conditions and for maintenance)

REQUEST FOR QUOTATION

Small Value Procurement

Company Name: _____
Address: _____
Tel. No.: _____

Please quote your lowest price for the requirements listed hereunder subject to the Terms and Conditions stated below and submit to this Office duly signed by you or your representative not later than **4:00 p.m. JAN 23 2024**

APPROVED BUDGET FOR
THE CONTRACT (ABC):
PhP 321,592.40

FRANCIS V. MASLOG
VICE-CHAIRPERSON *fw*
Bids and Awards Committee

TERMS AND CONDITIONS

- All quotations may be typewritten or handwritten, placed in a sealed envelope.
- All quotations shall be valid for one hundred twenty (120) calendar days from the deadline of the submission of the same.
- Any erasures or overwriting shall be valid only if they are signed or initialed by the supplier or its authorized representative.
- Interested suppliers are required to submit their valid current Mayor's Permit, PhilGEPs Registration Number, and Income/BIR Tax Return (for ABCs above P500,000.00) upon submission of quotation. In lieu of the Mayor's Permit and PhilGEPs Registration Number, the PhilGEPs Certificate of Platinum Membership may be submitted. For new businesses, submit the BIR Certificate of Registration and latest quarterly return or percentage tax..
- The applicable rate for late deliveries is one-tenth (1/10) of one percent (1%) of the cost of the unperformed portion for everyday of delay.
- The Provincial Government of Pampanga reserves the right to accept or reject any quotation, and to annul the procurement process and reject all quotations at any time prior to contract award, without thereby incurring any liability to the affected supplier/s.
- The PGP also reserves the right to waive any required formality in the proposals received, and select the proposal which it determine to be the most advantageous to the government.

Item No.	Qty	Unit	Item Description	Unit Price	Total Price
1	50	Box	Paracetamol 500mg/tab 100's		
2	50	Box	Mefenamic Acid 500mg/tab 100's		
3	20	Box	Paracetamol Phenylpropanolamine HCl Chlorphenamine maleate 325mg/25mg/2mg/tab 100's		
4	70	Box	Hyoscine N Butyl Bromide 10mg/tab 100's		
5	20	Box	Omeprazole 40mg/cap 100's		
6	40	Box	Loperamide 2mg/cap 100's		
7	50	Box	Calcium Carbonate 500mg/tab 100's		
8	50	Box	Ferrous Sulfate 325mg/tab 100's		
9	30	Box	Betahistine 16mg/tab 100's		
10	60	Box	Amoxicillin 500mg/cap 100's		
11	30	Box	Clindamycin 300mg/cap 100's		
12	40	Box	Metoprolol 50mg/tab 100's		
13	20	Box	Losartan 50mg/tab 100's		
14	20	Box	Amlodipine 5mg/tab 100's		
15	50	Box	Clopidogrel 75mg/tab 100's		
16	50	Box	Carvedilol 6.25mg/tab 30's		
17	30	Box	Aspirin 80mg/tab 100's		
18	20	Box	Rosuvastatin 10mg/tab 100's		
19	40	Box	Atorvastatin 40mg/tab 100's		
20	50	Box	Metformin 500mg/tab 100's		
21	70	Box	Gliclazide 60mg/tab 100's		
22	50	Box	Glimepiride 2mg/tab 100's		

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Item No.	Qty	Unit	Item Description	Unit Price	Total Price
23	60	Box	Vitamin B Complex tab 100's		
24	20	Box	Celecoxib 200mg/cap 100's		
25	10	Box	Tramadol + Paracetamol Capsules 100's		
26	20	Tube	Clobetasol Cream/Ointment 15g/tube		
27	16	Box	Plastic Strips, 100's		
28	20	Btl	NORMAL SALINE SOLUTION 1 Liter/bottle		
29	3	Box	Gauze 4x4", sterile, 100/box		
			<p align="center">TERMS OF REFERENCE</p> <p align="center">should be attached together with the quotation:</p> <ol style="list-style-type: none"> 1. Must have Certificate Product Registration approved by the FDA. 2. Must have License to Operate as a Drug Manufacturer / Trader / Distributor issued by the FDA. 3. Brand of the item/s being offered must be indicated in the quotation. 4. The procuring entity reserves the right to require sample/s to determine the fitness of the items being offered by prospective suppliers. 5. Must be an authorized distributor / sub-distributor / dealer / sub dealer of the items being offered. <p align="center">AFTER SALES SERVICE:</p> <ol style="list-style-type: none"> 1. Replacement of defective items within 24 hours upon notification by the end-user. 2. Expiration period must be at least one (1) year. <p align="center">SCHEDULE OF REQUIREMENTS:</p> <ol style="list-style-type: none"> 1. Delivery within ten (10) days receipt of PO/NOA. 		
Total Lot Price					

Note: The winning supplier shall submit a duly signed and notarized Omnibus Sworn Statement prior to notice of award.

THE BIDS AWARDS COMMITTEE:

Having carefully read and accepted your Terms and Conditions, including the technical specifications, I/We offer to supply/deliver the item/s as noted above.

 Supplier's authorized representative signature over printed name
 Designation: _____
 Contact No.: _____
 Email Address.: _____

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