



Republic of the Philippines  
Province of Pampanga

**Bids and Awards Committee**

Provincial Capitol, City of San Fernando, (P) / (045) 435-5901

**MAY 06 2024**

RFQ No. **240428**

P.R. No. / Date / End User / Purpose:

**(24-1445 3/26/2024 Provincial Health Office To be used for the Leprosy Prevention and Control Program)**

**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 **9:00 a.m. MAY 10 2024**

APPROVED BUDGET FOR  
THE CONTRACT (ABC):  
**PhP 77,800.00**

**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	9	Box	Itraconazole 100 mg capsule. 100s per box		
2	9	Box	Prednisone 10mg tablet, 100s per box		
3	50	Box	Vitamin B1, B6, B12 100mg+5mg+50mcg capsule, 100s per box		
4	50	Box	Ascorbic Acid (Vitamin C) 500mg tablet, 100s per box		
5	90	Tube	Fusidate Sodium/Fusidic Acid Cream 2% 5g tube		
6	90	Tube	Betamethasone Cream 0.1% 5g tube		
			<b>AFTER SALES SERVICE:</b>  *WITH AT LEAST EIGHTEEN (18) MONTHS EXPIRATION UPON DELIVERY *EXPIRED ITEMS DELIVERED SHALL BE REPLACED WITHOUT COST OF PROCURING ENTRY WITHIN THREE (3) DAYS UPON RECEIPT OF WRITTEN NOTICE FROM THE END USER.		

*FW*



	<u>Item Description</u>	Unit Price	Total Price
	<b>SCHEDULE REQUIREMENTS:</b>  *WITHIN FIVE (5) CALENDAR DAYS FROM RECEIPT OF PO/NOA		
	<b>TECHNICAL REQUIRMENTS:</b>  *CERTIFICATE OF PRODUCT REGISTRATION ISSUED BY FDA *LICENSE TO OPERATE - DRUG MANUFACTURER/TRADER/DISTRIBUTOR ISSUED BY FDA *CERTIFICATE OF DEALERSHIP/SUB DEALERSHIP *THE PROCURING ENTITY RESERVES THE RIGHT TO CONDUCT PRODUCT INSPECTION IF NECESSARY TO DETERMINE THE FITNESS OF THE PRODUCTS BEING OFFERED		
<b>Total Lot Price</b>			

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.: \_\_\_\_\_

\_\_\_\_\_  
 BAC CANVASSER

May

*pus*