



**MAY 06 2024**

RFQ No. 240430

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

(24-1628 4/15/2024 PHO-Pampanga Clinic and Malward Center for the Micronutrient Supplementation of Nutritionally-At-Risk (NAR) Pregnant Women.)

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

APPROVED BUDGET FOR  
THE CONTRACT (ABC):  
Php 250,000.00

FRANCIS V. MASLOG  
VICE-CHAIRPERSON *Fms*  
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        | 500 | box  | Ferrous Sulfate 105.6 mg Sugar Coated Tablet, 100's /Box  |            |             |
| 2        | 500 | box  | Ascorbic Acid 500 mg, Tablet, 100's / Box   |            |             |
|          |     |      | <p><b>TERMS OF REFERENCE:</b></p> <p>1.) License to Operate as Drug Manufacturer/Trader/Distributor issued by FDA.<br/>2.) Must submit Certificate of Product Registration issued by FDA.<br/>3.) Must submit Certificate of Dealership/Sub-dealership of the items being offered.<br/>4.) Brand of the item/s offered must be indicated in the quotation.<br/>5.) The procuring entity reserves the right to conduct product testing/inspection if necessary to determine the fitness of the item/s being offered by prospective supplier/s.</p> <p><b>AFTER SALES SERVICE:</b></p> <p>1.) Expiration date must be at least two (2) years from the date of delivery.<br/>2.) Defective items discovered within seven (7) days from date of delivery must be replaced within 24 hours upon notification by the end-user.</p> <p><b>SCHEDULE OF REQUIREMENTS:</b></p> <p>1.) Schedule of delivery within ten (10) days upon receipt of PO / NOA.</p> |            |             |

Total Lot Price

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

*Fms*

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

Jaq

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