

Republic of the Philippines Province of Pampanga

Bids and Awards Committee

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

JUN 2 1 2024

RFQ No. 240428 (Reposting) 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 4:00 p.m. (3UN : 2 5 2024)

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

submit to this Office duly signed by you or your representative not later than 4:00 p.m.

MASLOG AIRPERSON Pun Bids and Awai Carlymittee

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 lncome/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	<u>Item Description</u>	Unit Price	Total Price
1	9	Вох	Itraconazole 100 mg capsule. 100s per box		
2	9	Вох	Prednisone 10mg tablet, 100s per box		
3	50	Вох	Vitamin B1, B6, B12 100mg +5mg+50mcg capsule, 100s per box		
4	50	Вох	Ascorbic Acid (Vitamin C) 500mg tablet, 100s per box		· <u> </u>
5	90	Tube	Fusidate Sodium/Fusidic Acid Cream 2% 5g tube		
6	90	Tube	Betamethasone Cream 0.1% 5g tube		
			*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.		

Sem wety	Unit	Item Description	Unit Price	Total Price
		SCHEDULE REQUIREMENTS:		
		*WITHIN FIVE (5) CALENDAR DAYS FROM RECEIPT OF PO/NOA		
		TECHNICAL REQUIRMENTS:		
		*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		
		Total Lot Price		
: The win	ning su	pplier shall submit a duly signed and notarized Omnibus Sworn Statement	prior to notice of a	award.
		DMMITTEE:		
		and accepted your Terms and Conditions, including the technical specificat	tions, I/We offer to	supply/deliver

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

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