



Bids and Awards Committee

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

AUG 29 2024

RFQ No. **240830**

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

(24-4226 8/8/2024 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. SEP 03 2024**

APPROVED BUDGET FOR
THE CONTRACT (ABC):
PhP 721,050.00

FRANCIS V. MASLOG
VICE-CHAIRPERSON *Puns*
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	20	BOX	Clonidine 75 mcg 100's		
2	20	BOX	Clopidogrel 75mg/tab 100's		
3	20	BOX	Aspirin 80mg/tab 100's		
4	20	BOX	Simvastatin 40mg/tab 100's		
5	20	BOX	Glimepiride 2mg/tab 100's		
6	20	BOX	Ibuprofen 400mg/tab 100's		
7	200	BOX	Lagundi Ascof 600mg/tab 100's		
8	50	BOX	Amlodipine 10mg/tab 100's		
9	20	BOX	Omeprazole 40mg/cap 100's		
10	20	BOX	Loperamide 2mg/cap 100's		
11	200	BOX	Ferrous Sulfate 325mg/tab 100's		
12	20	BOX	Betahistine 16mg/tab 100's		
13	30	BOX	Amoxicillin 500mg/cap 100's		

No.	Qty	Unit	Item Description	Unit Price	Total Price
14	30	BOX	Clindamycin 300mg/cap 100's		
15	20	BOX	Metoprolol 50 mg/tab 100's		
16	200	BOX	Losartan 50mg/tab 100's		
17	50	BOX	Amlodipine 5mg/tab 100's		
18	20	BOX	Carvedilol 6.25mg/tab 30's		
19	20	BOX	Rosuvastatin 40mg/tab 100's		
20	20	BOX	Atorvastatin 40mg/tab 100's		
21	20	BOX	Metformin 500mg/tab 100's		
22	20	BOX	Gliclazide 80mg/tab 100's		
23	200	BOX	Vit B Complex tab 100's		
24	200	BOX	Celecoxib 200mg/cap 100's		
25	20	BOX	Tramadol+Paracetamol 37.5mg/325/tab 100's		
26	30	TUBE	Clobetasol Cream/Ointment 15g/tube		
27	50	PACK	Salbutamol Nebules 30's		
28	50	BOX	Cetirizine 10mg/tab 100's		
29	200	BOX	Carbocisteine 500mg/cap 100's		
30	50	BOX	Mefenamic Acid 500mg/cap 100's		
31	30	BOX	Paracetamol 500mg/tab 100's		
32	200	BOX	Paracetamol Phenylpropanolamine HCl Chlorphenamine maleate 325mg/25mg/2mg/tab 100's		
33	20	BOX	Hyoscine-N-Butylbromide (HNBB) 10mg/tab 100's		
34	200	BOX	<p>Vitamin C + Zinc 500mg/ 10mg /cap 100's</p> <p>TERMS OF REFERENCE:</p> <ol style="list-style-type: none"> License to operate as drug manufacturer/distributor/trader issued by the FDA. Must submit Certificate of Product Registration for all items from FDA. Must Submit Certificate of dealership/ sub dealership /distributor/sub distributor for all items. Brand offer must be indicated in the quotation. 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. Must have valid inventory at least twice the quantity requirements in the locality to assure product availability. <p>AFTER SALES SERVICE:</p> <ol style="list-style-type: none"> Expiration period must be at least 18 months from the date of delivery. Replacement of defective items/packaging within Two(2) days upon notification by the end user. <p>SCHEDULE OF REQUIREMENTS:</p> <ol style="list-style-type: none"> Delivery within Ten (10) days upon 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

BAC CANVASSER

Designation: _____

Contact No.: _____

Email Address.: _____

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