

## Republic of the Philippines Province of Pampanga

## **Bids and Awards Committee**

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

AUG 0 5 2024

RFQ No. 240645 (Reposting)
P.R. No. / Date / End User / Purpose;

	1 1111 1101 1		
(24-3419 6/18/2024 PVET To be used	y the Provincial Veterinary Office in	n conducting various veterinary	extension service in the province)

REQUEST FOR QUOTATION	rts bewygen krystefen. Handelanden fall d'anderen styrreder hill det 1917 men werde kom "d" meer fer
Small Value Procurement	entwertoppen, za wie wie wie Test kenten word in word in deutschaften de gestouwe in die Antoline de we
Company Name: Address; Tel. No.:	
Please quote your lowest price for the requirements listed hereunder subject to the Zents and Conditions stated below and submarked by you or your representative not later than	nit to this Office duly

APPROVED BUDGET FOR THE CONTRACT (ABC):

Php 779,160.00

FRANCIS V. MASLOG

VICE SHAIRPERSON PARE

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	<u>Item Description</u>	Unit Price	Total Price
1	24	bottle	Oxytetracycline 200 mg/ml (100 ml)		
2	20	bottle	Amoxicillin LA 150mg/ml (100ml)		policie di disputer conscissione en els esperantes establis de la conscissió de la conscissió de la conscissió
3	20	bottle	Cyanocabalamin (.05mg) Butaphosphan (100mg) (100ml)		
4	20	bottle	Iron Dextran (100ml)		
5	500	sachet	Multivitamins (22 gm soluble powder)		
6	500	sachet	Amoxicillin with Tylosin and Bromhexine (5g)		
7	500	sachet	Penicilin Streptomycin with Vit. (25g)		
8	10	piece	Fiberglass syringe 10cc	nga kabangan melaksirip pendembahkir baran papa di parah bida kelapat di dalah sebagai melaksi bermasi bermasi	
9	5	plece	Fiberglass syringe with Cannula (50ml)		
10	1400	bottle	Anti rables vaccine for dogs and cats 10 ml per bottle  TERMS OF REFERENCE  1. Items No. 1, 2, 3, 5, 6, 7 and 10 must have Certificate of Product Registration from FDA or BAI.  2. Ther procuring entity reserves the right to conduct inspection to determine the fitness of the items being offered by prospective supplier/s  AFTER SALES SERVICE  1. Expiration date of items No. 1, 2, 3, 4, 5, 6, 7 and 10 must not be less than (1) year from the date of delivery 2. Replacement of defective items within seven (7) days upon notification by the end user  SCHEDULE OF REQUIREMENTS		

	Total Lot Price		
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Note: The winning supplier shall submit a duly signed and notarized Omnib	us Sworn Statement prior to notic	e of award.	and the second s

## 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
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	NAME AND ADDRESS OF THE PARTY O
Supplier's authorized representative signature over printed name	BAC CANVASSER
Designation:	
Contact No.:	
Email Address.:	May