



Republic of the Philippines
Province of Pampanga

Bids and Awards Committee

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

NOV 29 2024

RFQ No. **241218**

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

(24-5705 11/12/2024 Provincial Health Office Medicines for Hearing Mission of Alagang Nanay Preventive Health Care 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. DEC 03 2024**

APPROVED BUDGET FOR
THE CONTRACT (ABC):
PhP 128,910.00

FRANCIS V. MASLOG
CHAIRPERSON
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	25	btl	Amoxicillin 250mg/5ml syrup 60ml		
2	40	btl	Co-Amoxiclav 250mg/5ml syrup 60ml		
3	200	box	Co-Amoxiclav 625mg tab (14's)		
4	200	blister	Ciprofloxacin 500mg tab (10's)		
5	70	blister	Mefenamic Acid 250mg cap (10's)		
6	75	blister	Mefenamic Acid 500mg cap (10's)		

No.	Qty	Unit	Item Description	Unit Price	Total Price
7	40	btl	Paracetamol 125mg/5ml 60ml		
8	175	btl	Paracetamol 250mg/5ml 60ml		
9	40	btl	Ciprofloxacin 7.5ml Otic Solution		
10	40	btl	Dexamethasone/Neomycin Sulfate/Polymixin B Sulfate 1% solution 5ml Otic Solution		
11	40	btl	Neomycin+Gramicidin+Nystatin+Triamcinolone Acetonide 2.5mg/0.25mg Otic Solution, 5 ml.		
			<p>Terms of Reference:</p> <ol style="list-style-type: none"> 1. License to Operate as Drug Manufacturer/Trader/Distributor issued by FDA 2. Certificate of Product Registration issued by FDA for all items 3. Certificate of Dealership/Sub Dealership/Distributor/Sub distributor 4. The procuring entity reserves the right to conduct product inspection of necessary to determine the fitness of the product being offered. <p>After Sales Service:</p> <ol style="list-style-type: none"> 1. With at least Eighteen (18) months expiration upon delivery. 2. Replacement of defective items within 24 hours upon notification by the end user <p>Schedule of Requirement:</p> <ol style="list-style-type: none"> 1. Within ten calendar (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
 Designation: _____
 Contact No.: _____
 Email Address.: _____

 BAC CANVASSER

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