



Republic of the Philippines
Province of Pampanga
Bids and Awards Committee
Provincial Capitol, City of San Fernando, (P) / (045) 435-5901

DEC 20 2024

RFQ No. **241289**
P.R. No. / Date / End User / Purpose:
(24-6241 12/16/2024 Provincial Health Office Medicines for Dental 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 26 2024**

APPROVED BUDGET FOR
THE CONTRACT (ABC):
PHP 994,550.00

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
1	450	box	Amoxicillin 500mg cap (100s/box)		
2	500	btl	Amoxicillin 250mg/5ml syrup 60ml		
3	510	box	Lidocaine HCl + Epinephrine 20mg/ml (2%) (50 carpules/box)		
4	300	box	Mefenamic Acid 500mg cap (100s/box)		
6	200	btl	Povidone Iodine 1% Oral Solution 120ml		
5	300	btl	Paracetamol 250 mg/5ml syrup 60 ml		
7	200	box	Tranexamic Acid 500mg (100's/box)		

T
H
S
-
S
N
D
C
E

A

No.	Qty	Unit	<u>Item Description</u>	Unit Price	Total Price
			<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 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 from the date of 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. Delivery within ten (10) calendar 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

Jaq