



Republic of the Philippines
QUEZON CITY GOVERNMENT
BIDS AND AWARDS COMMITTEE
 2nd Floor, Procurement Department,
 Finance Building, Quezon City Hall Compound



REQUEST FOR QUOTATION
NEGOTIATED PROCUREMENT
SECTION 53.9

Date: NOV 03 2020
 PR No: GF-20-05-00836

Name of Company : _____
 Address : _____
 Contact No. : _____
 Project Title : **PROCUREMENT OF VARIOUS DRUGS AND MEDICINES**
 Approved Budget for the Contract : **Php 713,956.18**
 End-User / Implementing Office : **QUEZON CITY HEALTH DEPARTMENT**

Please quote your best offer for the item/s described below, subject to the Terms and Conditions provided. Submit your quotation duly signed by you or your duly authorized representative not later than NOV 06 2020 10:00 AM Philippine Standard Time, together with the following documents of your company:

- 1 PhilGEPS certificate (not expired on the time of opening of quotations);
- 2 Business Registration (DTI / SEC);
- 3 Mayor's/Business Permit (2020);
- 4 Tax Clearance;
- 5 Income/Business Tax Return (for FY 2018) (For ABC P500,000.00 above);
- 6 Omnibus Sworn Statement prescribed by the Government Procurement Policy Board (GPPB).
- 7 If applicable, the JVA in case the joint venture is already in existence, or duly notarized statements from all the potential joint venture partners stating that they will enter into and abide by the provisions of the JVA in the instance that the bid is successful.

in a **SEALED LONG BROWN ENVELOPE** shall:

- 1 Contain the Project Name and PR Number of the contract to be bid in capital letters;
- 2 Bear the name and address of the Bidder in capital letters;
- 3 Be addressed to the Procuring Entity's BAC.

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For any clarification you may contact us at 89884242 loc. 8505/8709.

[Signature]
ATTY. DOMINIC B. GARCIA
 Officer-in-Charge/Head, BAC-Secretariat

TERMS AND CONDITIONS

1. Bidders shall **provide correct and accurate** information required in this form.
2. Price quotation/s must be valid for a period of thirty (30) calendar days from the date of submission.
3. Price quotation/s, to be denominated in Philippine Peso shall include all taxes, duties and/or levies payable.
4. Quotation **exceeding** the Approved Budget for the Contract (ABC) shall be **rejected**.
5. Award of contract shall be made to the lowest quotation (for goods) or the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
6. Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
7. The City General Services Department (CGSD) shall have the right to inspect the goods.
8. Non-submission of eligibility documents shall mean disqualification of Quotation.
9. Liquidated damages equivalent to one tenth (1/10) of one percent (1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. CGSD shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.
10. Failure to follow these instructions will disqualify your entire quotation.

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s as follows:

ITEM NO.	ITEM & DESCRIPTION	UNIT OF ISSUE	QTY.	UNIT PRICE	ITEM TOTAL
1	Amlodipine – 5mg/tablet	tablet	100,000		
2	Amlodipine – 10mg/tablet	tablet	100,000		
3	Losartan – 50mgs/tablet	tablet	100,000		
4	Losartan – 100mgs/tablet	tablet	54,000		
5	Metformin – 500mg/tablet	tablet	60,000		
6	Multivitamins – for adult, tablet	tablet	50,000		
7	Vitamin B Complex Tablet – B1-250mg, B6-250mg, B12 – 1000mcg	tablet	21,300		
8	Paracetamol – 500mg/tablet	tablet	50,000		
9	Aspirin – 80mg/tablet	tablet	9,431		
Total Quoted Amount					

Amount in Words: _____
 _____.

Delivery Period : Thirty (30) Calendar Days
 Warranty : _____

OTHER INSTRUCTIONS/SPECIFICATIONS:
1. Supplier must submit copy of Certificate of Product Registration for each of the medicines in the Purchase Request.
2. Expiry date of the medicines not less than eighteen (18) months from the date of delivery.
3. Copy of current and valid Certificate of Product Registration (CPR) for the items.

 Signature over printed name

 Office Telephone No./Fax/Mobile No.

 Date

 Email Address