

Republic of the Philippines QUEZON CITY GOVERNMENT BIDS AND AWARDS COMMITTEE

2nd Floor, Procurement Department, Finance Building, Quezon City Hall Compound



REQUEST FOR QUOTATION

SMALL VALUE ROCUREMENT (SECTION 53.9)

		PR No:	GF-20-10-01822				
Name of Company	:						
Address	:						
Contact No.							
Project Title	PROCUREMENT OF VARIOUS REAGENTS						
Approved Budget for the Contract : Php 840,880.00							
ine Contract	FIID 040,000.00						
End-User / Implementing Office	QUEZON CITY GENERAL HOSPITAL						

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 November 20, 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; and
- 5 Omnibus Sworn Statement prescribed by the **QC BAC- Goods and Services**
- 6 Income/Business Tax Return (for FY 2019) (For ABC P500,000.00 above)
- 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:

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

Project Title: PROCUREMENT OF VARIOUS REAGENTS

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

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 initiated 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	≥10 Parameters urine strip for urine strip 100 strips with semi-automated urine strips reader	box	49		
2	Glucose strips 25tests/bottle,2bottles/box with free 20 Glucometer,20 lancet and 20 spare batteries	box	174		
3	Dengue NSlAg ≥ 25 tests/box	box	12		
4	Dengue IgG IgM ≥ 25 tests/box	box	12		
5	Anti-Human Globulin 10ml	set	50		
6	LISS (Low Ionized Salt Solution)	vial	50		

	Amount in Words:				
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O 7	THER REQUIREMENTS:				-
1.	Copy of valid, current License to Operate from FDA and/or I and Medicines.	OOH Accreditation as	Supplier	, Distributor or Manufacturer for Drugs	-
					-
		Delivery Period Warranty	: :	Thirty (30) Calendar Days	
		_			
				Signature over printed name	
		_	Offic	e Telephone No./Fax/Mobile No.	
		_		Date	
		_		Email Address	

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