



REQUEST FOR QUOTATION
SMALL VALUE PROCUREMENT
(SECTION 53.9)

Date: December 9, 2020
 PR No: GF-20-02-00461

Name of Company : _____
 Address : _____
 Contact No. : _____

VARIOUS MEDICAL SUPPLIES

Project Title : _____
 Approved Budget for the Contract : **Php 978,685.00**

End-User / Implementing Office : **VETERINARY 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 December 14, 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)
- 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.

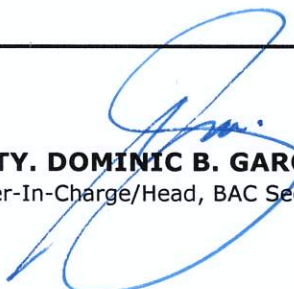
in a **SEALED LONG BROWN ENVELOPE** shall:

- 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.

Project Title: **VARIOUS MEDICAL SUPPLIES**

**Quezon City Local Government
 BIDS AND AWARDS COMMITTEE
 2/F Procurement Department, Finance Building
 Quezon City Hall Compound**

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	SYRINGE WITH NEEDLE, disposable. Ice with gauge 29.5" needle, individually wrapped, 100 pieces per box	BOX	20		
2	ALCOHOL ISOPROPYL, disposable, 1 cc with gauge 29.5" needle, individually wrapped, 100 pieces per box	BOT	200		
3	POVIDONE IODINE SOLUTION, 10% antiseptic solution, gallon	GAL	3		
4	SUTURE CATGUT, vicryl, size: 1.0 double arm needle type; CT-1 1/2 circle, round bodied, size: 36mm, 1 1/2 circle reverse cutting	PIECE	200		
5	SUTURE CATGUT, vicryl, size: 2.0 double arm needle type; CT-1 1/2 circle, round bodied, size: 36mm, 1 1/2 circle reverse cutting	PIECE	600		
6	SUTURE CATGUT, size: 3.0 double arm needle type, CT-1/2 circle, round bodied, size: 36mm, 1 1/2 circle reverse cutting	PIECE	500		
7	SURGICAL BLADE, size: #21, sterile single use, carbon steel	PIECE	300		
8	LATEX GLOVES, pre-powdered, size: Large, 100 pieces per box	BOX	150		
9	STERILE GLOVES, sterile, individually wrapped, size: 7.5, 50 pieces per box	BOX	25		
10	GAUZE PAD, sterile, individually wrapped, size: 4" X 4", 100 pieces per box	BOX	5		
11	MASK FACE WITH EAR LOOP, disposable, with earloop, 3 ply, 50 pieces per box	BOX	15		
12	COTTON, absorbent, 400gm/roll	ROLL	20		
13	LEUKOPLAST, surgical tape, 5cm x 5m, 6 pieces per box	BOX	15		
14	LEUKOPLAST, surgical tape, 2.5cm x 5m, 12 pieces per box	BOX	15		
15	TAPE MICROPOR, hypoallergenic, size: 2" x 5 meter, 12 pieces per box	BOX	3		
16	IV INFUSION SET, micro, with Y-injection site (PEDIA); G24	SET	10		
17	HAIRNET, size: 17-24" double elastic, plastic made, color: blue	PIECE	70		
18	DEXTROSE, for hydration, 5% Lactated Ringers solution, 500ml per bottle; 0.9 solution sodium chloride, 100ml per bottle	BOT	20		
19	CANNULA, I.V catheter, G24, 100 pieces per box	BOX	1		
20	CANNULA, I.V catheter, G26, 100 pieces per box	BOX	1		
21	SPAY HOOK, stainless, size: 9.5" inches	PIECE	2		
22	SURGICAL PAN WITH COVER, stainless with cover, small pan size: L-10" (25cm) x W- 6.5" (17cm) x H- 2" (5cm)	PIECE	4		
23	SURGICAL PAN WITH COVER, stainless with cover. Large pan size: L-20.75" (53cm) x W- 12.75" (32cm) x H- 2.5"	PIECE	5		
24	PORTABLE OXYGEN, medical oxygen, 3L/tank	TANK	1		
25	SYRINGE, Europlex type, ergonomic, resistant and highly precise, can be sterilized plastic, scaled cylinder with numbering engraved, metallic Luer lock and plastic piston, 10ml capacity, 2cm diameter	PIECE	10		
26	SYRINGE WITH NEEDLE, 3cc with G23 needle, sterile, box individually wrapped, disposable, 100 pieces per box, size of needle: 1 inch	BOX	10		
27	ENZYME, active ingredient: (chemical analysis) pH: 13.60m drum sodium: 45,937mg/kg, potassium: 597.50mg/kg, calcium: 470mg/kg, zinc 4.2mg/kg, glycoside: traces, saponins: traces drumx2110/liter	DRUM	2		
Total Quoted Amount					

Amount in Words: _____

Other Requirement:

1. Copy of valid, current License to Operate for Medical Supplies/Devices from DOH Accreditation as Supplier, Distributor or Manufacturer

Delivery Period : Fifteen (15) Calendar Days
Warranty : _____

Signature over printed name

Office Telephone No./Fax/Mobile No.

Date

Email Address

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