



Republic of the Philippines  
**QUEZON CITY GOVERNMENT**  
BAC- Goods and Services  
2nd Floor, Procurement Department,  
Finance Building, Quezon City Hall Compound



**REQUEST FOR QUOTATION**  
**SMALL VALUE PROCUREMENT**  
**(SECTION 53.9)**

Date : December 9, 2020  
PR No. : GF-20-05-00768C

Name of Company : \_\_\_\_\_  
Address : \_\_\_\_\_  
Contact No. : \_\_\_\_\_

Project Title : **PROCUREMENT OF SENSITIVITY / ANTIBIOTIC DISCS AND CULTURE MEDIA**

Approved budget of the Contract : **Php 519,679.00**

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 December 14, 2020, 10:00 a.m. 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 Government Procurement Policy Board (GPPB).
- 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 : **PROCUREMENT OF SENSITIVITY / ANTIBIOTIC DISCS AND CULTURE MEDIA**

**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. 8506/8709.

**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 and 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	Amikacin	cartridge	5		
2	Amoxycillin	cartridge	5		
3	Amoxicillin-Clavulanic	cartridge	5		
4	Ampicillin	cartridge	5		
5	Azithromycin	cartridge	5		
6	Aztreonam	cartridge	5		
7	Bacitracin	cartridge	5		
8	Cefazolin	cartridge	5		
9	Cefepime	cartridge	5		
10	Cefexim	cartridge	5		
11	Cefotaxime	cartridge	5		
12	Cefoxitin	cartridge	5		
13	Ceftazidime	cartridge	5		
14	Ceftriazone	cartridge	5		
15	Clarithromycin	cartridge	5		
16	Chloramphenicol	cartridge	5		
17	Ciprofloxacin	cartridge	5		
18	Clindamycin	cartridge	5		
19	Daptomycin	cartridge	5		
20	EDTA Disc	cartridge	2		
21	Erythromycin	cartridge	5		
22	Gentamycin	cartridge	5		
23	Imepenem	cartridge	5		
24	Levofloxacin	cartridge	5		
25	Linezolid	cartridge	5		
26	Meropenem	cartridge	10		
27	Nitrofurantoin	cartridge	5		
28	Novobiocin Identification 5 ug Disc	cartridge	3		
29	Optochin identification disc	cartridge	3		
30	Oxacillin	cartridge	5		

31	Penicillin	cartridge	5		
32	Piperacillin Tazobactam	cartridge	3		
33	Polymixin B 300 ug	cartridge	3		
34	Sulbactam Ampicillin	cartridge	3		
35	Sulf, Trimethoprim	cartridge	5		
36	Sulf. Trimethoprim, 25 ug	cartridge	3		
37	Taxo V ID	cartridge	3		
38	Taxo X ID	cartridge	3		
39	Taxo XV ID	cartridge	5		
40	Tetracycline	cartridge	5		
41	Tobramycin	cartridge	3		
42	Vancomycin	cartridge	3		
43	Gonococcus Agar Base	bottle	1		
44	Bile Esculin Agar, 500 grams	bottle	1		
45	Nutrient Agar, 500 grams	bottle	1		
46	Oxidation Fermentation Agar 500 grams	bottle	1		
47	Haemophilus Test Medium	bottle	1		
48	Lysine Iron Agar,500 grams	bottle	1		
49	Mac conkey Agar, granulated,500 grams	bottle	2		
50	Mannitol Salt Agar, 500 grams	bottle	1		
51	Mueller Hinton Agar, 500 grams	bottle	1		
52	Agar, Salmonella Shigella, 500 grams	bottle	1		
53	Agar, Seller's, 500 grams	bottle	1		
54	Agar, Simmons Citrate, 500 grams	bottle	1		
55	Tryptic Soy Agar 500 grams	bottle	2		
56	Broth, Thioglycollate: 500 grams	bottle	1		
57	Broth, Urea, 500 grams	bottle	1		
58	Broth, Tryptic Soy, 500 grams	bottle	1		
59	Blood Agar Base, 500 grams	bottle	1		
60	Broth, Brain heat infusion, 500 grams	bottle	1		
61	Broth, Selenite Enrichment, 500 grams	bottle	1		
62	Broth, Thioglycollate, 500 grams	bottle	1		
63	Broth, Urea, 500 grams	bottle	1		
64	Broth, Tryptic Soy, 500 grams	bottle	1		
65	Sheep's blood, 300ml/bottle, delivery of 1 bottle/month	bottle	4		
Total Quoted Amount					

Amount in Words:\_\_\_\_\_

\_\_\_\_\_

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

Delivery Period : Thirty (30) calendar days  
Warranty : \_\_\_\_\_

\_\_\_\_\_  
Signature over printed name

\_\_\_\_\_  
Office Telephone No./Fax/Mobile No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

GF-20-05-00768C

