



REQUEST FOR QUOTATION
SMALL VALUE PROCUREMENT
(SECTION 53.9)

Date : December 01, 2020
PR No. : GF-20-09-01460

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

Project Title : **PROCUREMENT OF VARIOUS DRUGS AND MEDICINES**

Approved budget of the Contract : **P 514,260.00**

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 **December 04, 2020 10:00AM** 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 2018) (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 VARIOUS DRUGS AND MEDICINES**

**Quezon City Local Government
BIDS AND AWARDS COMMITTEE
2/F Procurement Department, Finance Building9
Quezon City Hall Compound**

For any clarification you may contact us at 89884242 loc. 8506/8709.


LATTY. 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	10,000		
2	Amlodipine, 10mg/tablet	tablet	10,000		
3	Losartan, 50mgs/tablet	tablet	10,000		
4	Losartan, 100mgs/tablet	tablet	10,000		
5	Metformin, 500mg/tablet	tablet	5,000		
6	Multivitamins, for adult, tablet	tablet	5,000		
7	Vitamin B complex capsule, B1-250mg, B6-250mg, B12-1000mcg	tablet	60,452		
8	Paracetamol tablet, 500mg/tablet	tablet	5,000		
9	Ascorbic Acid tablet, 500mg/tablet	tablet	5,000		
10	Loratadine, 10mg tablet	tablet	5,000		
11	Mefenamic acid capsule, 500mg/capsule	capsule	5,000		
12	Metoprolol, 100mg/tablet	tablet	10,000		
13	Metoprolol, 50mg/tablet	tablet	10,000		
14	Simvastatin, 20mg tablet	tablet	5,000		
15	Simvastatin, 40mg tablet	tablet	5,000		
16	Sambong, 500mg/tablet	tablet	5,000		
Total Quoted Amount					

Amount in Words: _____

Delivery Period : thirty (30) calendar days
 Warranty : _____

OTHER REQUIREMENTS:
1. Copy of valid, current License to Operate from FDA and/or DOH Accreditation as Supplier, Distributor or Manufacturer for Drugs and Medicines.
2. Copy of current and valid Certificate of Product Registration (CPR) for the items.
3. Statement of the bidder specifying that the expiration dates of the drugs and medicines shall not less than eighteen (18) months from the date of delivery

 Signature over printed name

 Office Telephone No./Fax/Mobile No.

 Date

 Email Address