



REQUEST FOR QUOTATION
SMALL VALUE PROCUREMENT
(SECTION 53.9)

Date : December 9, 2020
PR No. : GF-20-09-01509

Name of Company : _____
Address : _____
Contact No. : _____
Project Title : **PROCUREMENT OF VARIOUS DRUGS AND MEDICINES**
Approved budget of the Contract : **Php 765,113.34**
End-User / Implementing Office : **OFFICE OF THE VICE MAYOR (QCDTRC - TAHANAN)**

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 **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 : PROCUREMENT OF VARIOUS DRUGS AND MEDICINES

**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 in black ink only.
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	Amoxicillin, 500mg-capsule	capsule	2,500		
2	Cefalexin, 500mg-capsule	capsule	2,500		
3	Co-amoxiclav, 500 mg film coated tablet	tablet	1,272		
4	Cloxacillin Sodium, 500 mg capsule	capsule	2,000		
5	Clindamycin, 300 mg capsule	capsule	1,000		
6	Ciprofloxacin, 500 mg tablet	tablet	1,000		
7	Cefuroxime axetil, 500 mg film-coated tablet	tablet	1,500		
8	Paracetamol, 500 mg tablet	tablet	3,000		
9	Tranexamic, 500mg capsule	capsule	500		
10	Amlodipine besilate, 5 mg tablet	tablet	2,000		
11	Captopril, 25 mg tablet	tablet	500		
12	Aluminum Hydroxide, 178 mg+Magnesium Hydroxide 233	piece	600		
13	Mefenamic acid, 500 mg capsule	capsule	1,000		
14	Diphenhydramine Hydrochloride 50 mg capsule	capsule	300		
15	Cetirizine dihydrochloride, 10mg film coated tablet	tablet	1,000		
16	Loperamide Hydrochloride, 2 mg capsule	capsule	500		
17	Omeprazole, 40 mg capsule	capsule	1,000		
18	Butamirate Citrate, 50 mg tablet	tablet	1,000		
19	Lagundi Vitex Negundo, 600mg tablet	tablet	5,000		
20	Celecoxib, 200 mg capsule	capsule	1,000		
21	Salbutamol 1mg/1ml Solution for nebulization 2.5ml/ampoules	piece	60		
22	Benzyl Benzoate Lotion 237ml	bottle	25		
23	Clobetasol Propionate, 0.05%, 5 gram/tube, cream	tube	150		
24	Mupirocin 20mg/g (2.0%w/w) Ointment, 5g/tube	tube	100		
25	Lidocaine 2% 50ml vial	vial	4		
26	Ketoconazole Cream, 2% 10mg/tube	tube	150		
27	Hyoscine n- Butyl Bromide, 10mg film coated tablet	tablet	500		
28	Ascorbic acid, 500mg	tablet	27,375		
29	Multivitamins, 500mg	tablet	27,375		
Total Quoted Amount					

Amount in Words: _____

Other Requirement/s:	
➤	Copy of valid, current License to Operate from FDA and/or DOH Accreditation as Supplier, Distributor or Manufacturer for Drugs and Medicines.
➤	Copy of current and valid Certificate of Product Registration (CPR) for the items.
➤	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

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

Signature over printed name

Office Telephone No./Fax/Mobile No.

Date

E-mail Address

