



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 PROCUREMENT**  
**(SECTION 53.9)**

Date : November 28, 2019  
RFQ No. : 19-W10-1048

Name of Company : \_\_\_\_\_  
Address : \_\_\_\_\_  
Contact No. : \_\_\_\_\_  
Project Title : **Supply and delivery of Purified Protein Derivative Vial (PPD)**  
Approved Budget for the Contract : **Php698,801.40**  
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 3, 2019 Tuesday, 9:00 a.m.** Philippine Standard Time, together with the following documents of your company:

- 1 Mayor's/Business Permit (2019);
- 2 PhilGEPs certificate (not expired on the time of opening of quotations);
- 3 Income/Business Tax Return (for FY 2018); and
- 4 Omnibus Sworn Statement prescribed by the Government Procurement Policy Board (GPPB).

in a **SEALED LONG BROWN ENVELOPE** indicating **ONLY** the project title and address as indicated below:

Additional Instructions:

- 1 Affix the signature of your company representative on the sealed envelope flap.
- 2 Only the project name and address should be written / printed on the envelope.

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For any clarification you may contact us at 89884242 loc. 8505/8506.

**(Sgd.) ROWENA T. MACATAO**  
BAC-Goods Chairperson

**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 Office (CGSO) shall have the right to inspect and/or to test the goods and confirm their compliance to the technical specifications.
8. Non-submission of eligibility documents shall mean disqualification of Quotation.
9. After delivery and upon the submission of the required supporting documents, i.e. sales invoice and/or billing statement, by the contractor, the Quezon City Local Government shall make payment through check in favor of the contractor.
10. 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. CGSO 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.
11. 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:

<b>QUOTATION</b>							
<b>Summary of Approved Budget</b>				<b>Total offered Quotation</b>			
<b>Item Description (Technical Specifications)</b>		<b>Qty</b>	<b>Unit of Measure (UOM)</b>	<i>(Inclusive of taxes and fees)</i>			
				<b>Unit Cost</b>	<b>ABC Amount</b>	<b>Vendor's Unit Price</b>	<b>Vendor's Amount</b>
1	<b>PURIFIED PROTEIN DERIVATIVE VIAL (PPD)</b> For Tuberculin Skin Testing 1ml/vial, 10 dose/vial	1,044	vial	669.35	698,801.40		
<b>TERMS OF REFERENCE:</b>  1. Supplier must submit copy copy of Certificate of Product Registration for each of the medicines in the Purchase Request  2. Expiry Date of medicines not less than eighteen (18) month from date of delivery							
-----Nothing Follows-----				<b>TOTAL:</b>	<b>698,801.40</b>	<b>TOTAL:</b>	
<b>REMARKS:</b>							

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

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

\_\_\_\_\_  
Date

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