



**REQUEST FOR QUOTATION  
NEGOTIATED PROCUREMENT  
(SECTION 53.9)**

DATE : **June 28, 2022**

PR NO. : **RMGBH-22-MSLI-768**

Name of Company : \_\_\_\_\_  
Address : \_\_\_\_\_  
Contact No. : \_\_\_\_\_  
Project Title : **PROCUREMENT OF VARIOUS DENTAL SUPPLIES  
(DENTAL HANDPIECE AND OTHERS)** ✓  
Approved Budget of  
the Contract : **Php 638,040.00** ✓  
End-User /  
Implementing Office : **ROSARIO MACLANG BAUTISTA 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 **July 01, 2022, 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 (2022); ✓
- 4 Tax Clearance; and
- 5 Omnibus Sworn Statement prescribed by the **QC BAC- Goods and Services**
- 6 Income/Business Tax Return (for FY 2021) (For ABCs above P500,000.00)
- 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 DENTAL SUPPLIES  
(DENTAL HANDPIECE AND OTHERS)** ✓  
**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) 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	<b>DISPOSABLE SURGICAL MASK</b> blue, 3 ply, disposable surgical mask by 50's	Box	200		
2	<b>DISPOSABLE CUPS</b> disposable paper cups / 50 pc per pack	Pack	100		
3	<b>LIDOCAINE CARPULES</b> lidocaine carpule 2%, 1:100,000 epi/ dental carpules cartridge, solution for oral, local dental anesthesia by nerve block or infiltration	pc	44		
4	<b>DISINFECTANT SPRAY</b> aerosol type, 510g, branded	Pc	100		
5	<b>DENTAL CONTRA ANGLE HANDPIECE</b> contra angle for cavity and crown preparation, for finishing and polishing. Push button release burs, compatible to existing dental chair, 2 holes. With LED and One year warranty for replacement	Set	1		
6	<b>DENTAL CLASSIC HAND PIECE</b> classic straight for cavity and crown preparation, for finishing and polishing. Push button release burs, compatible to existing dental chair, 2 holes. With LED and One year warranty for replacement	Set	1		
7	<b>DENTAL MINI HAND PIECE</b> mini head dental, for surgery, bone reduction and bone reconstruction for cavity and crown preparation, for finishing and polishing. Push button release burs, compatible to existing dental chair, 2 holes. With LED and One year warranty for replacement	Set	1		
8	<b>DENTAL 45 DEGREES HAND PIECE</b> 45 degrees mini head dental, for surgery, bone reduction cavity and crown preparation, for finishing and polishing. Push button release burs, compatible to existing dental 2 holes, with LED and One year warranty for replacement.	Set	1		
9	<b>CHLORHEXIDINE GLUCONATE WITH ZINC</b> 500ml, liquid for oral disinfectant mouthwash contains 0.20% Chlorohexidine Gluconate	Bottle	200		
10	<b>EXAMINATION GLOVES (large)</b> white, disposable rubber gloves, non sterile, 50 pairs per box, powder-free	Box	150		
11	<b>EXAMINATION GLOVES (small)</b> white, disposable rubber gloves, non sterile, 50 pairs per box , powder free	Box	100		
12	<b>DENTAL HYGIENE KIT</b> 1pc Toothpaste 100g tube, 1 pc toothbrush (soft bristles), 1 pc Soap 60g, 1 pc Alcohol 60ml Ethyl, 1 pc Mouth Wash 60ml, includes clear waterproof with zipper 10inches (L)x 7 inches (H)x 3 inches bag, with RMBGH logo size 9.5mm diameter	set	350		

	Item	Unit Price				
	1.Toothpaste					
	2.Toothbrush					
	3.Soap					
	4. Alcohol					
	5.Mouth Wash					
	6.Bag					
	Total					
		***				
TOTAL AMOUNT						

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

\_\_\_\_\_

OTHER INSTRUCTIONS/ SPECIFICATIONS:	
➤	Copy of Valid, Current License to Operate for Medical Supplies/ Devices from DOH Accreditation as Supplier, Distributor or Manufacturer
➤	Copy of current and valid Certificate of Product Registration (CPR) for the item No. 3
➤	Statement of Warranty: Minimum of One (1) year for items no.5,6,7 and 8

Delivery Period : Thirty (30) Calendar Days

Warranty : \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

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

