



**REQUEST FOR QUOTATION
NEGOTIATED 53.9 SMALL VALUE PROCUREMENT**

DATE : SEPTEMBER 27, 2022
PROJECT NO. : QCDTRC(TAHANAN)-22-DM-353

Name of Company : _____
Address : _____
Contact No. : _____
Project Title : PROCUREMENT OF VARIOUS DRUGS AND MEDICINES
Approved Budget of the Contract : P 175,662.46
End-User / Implementing Office : QUEZON CITY DRUG TREATMENT AND REHABILITATION CENTER (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 **SEPTEMBER 30, 2022 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 (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 issued by QC BAC- Goods and Services.**

(SGD) 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	Amoxicillin – 500mg	Capsule	2000		
2	Cefalexin – 500mg	Capsule	2000		
3	Co-Amoxiclav (Amoxicillin + Potassium Clavulanate) – 500mg + 125mg	Tablet	2000		
4	Cloxacillin – (as Sodium) 500mg	Capsule	2000		
5	Clindamycin – 300mg	Capsule	1000		
6	Ciprofloxacin – 500mg	Tablet	1000		
7	Cefuroxime – 500mg	Tablet	1000		
8	Paracetamol – 500mg	Tablet	1000		
9	Tranexamic Acid – 500mg	Capsule	200		
10	Amlodipine – 5mg	Tablet	2000		
11	Captopril – 25mg	Tablet	200		
12	Mefenamic Acid – 500mg	Capsule	1000		
13	Cetirizine – 10mg	Tablet	300		
14	Loperamide Hydrochloride – 2mg	Capsule	200		
15	Diphenhydramine as Hydrochloride – 50mg	Capsule	100		
16	Ascorbic Acid – 500mg	Tablet	36,500		
17	Omeprazole – 40mg	Capsule	981		
18	Butamirate – 50mg MR	Tablet	500		
19	Lagundi – 600mg	Tablet	203		
20	Celecoxib – 200mg	Capsule	500		
21	Salbutamol Sulfate – 1mg, 2.5ml (unit dose)	Nebule	30		

22	Clobetasol Cream – 0.05%, 5g	Tube	200		
23	Mupicorin Ointment – 2%, 15g	Tube	164		
24	Lidocaine – 2%, 50ml	Vial	5		
25	Ketoconazole – 2%, 15g	Tube	200		
26	Hyoscine – (as N-butyl bromide) 10mg	Tablet	100		
27	Losartan K – 50mg	Tablet	1000		
28	Oral Rehydration Salts – (ORS 75-replacement) 4.1g	Sachet	500		
TOTAL					

Amount in Words: _____

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 from the date of delivery shall be two (2) to three (3) years for oral respiratory drugs, intravenous and peritoneal solutions, topical, ophthalmologic and ENT preparations; one (1) to two (2) years for injectables; one (1) year for anesthetics.

Delivery Period : Thirty (30) Calendar Days

Warranty : _____

Signature over printed name

Office Telephone No./Fax/Mobile No.

Date

Email Address