



Republic of the Philippines
QUEZON CITY GOVERNMENT
BAC- Goods and Services
2nd Floor, Procurement Department,
Finance Building, Quezon City Hall Compound



REQUEST FOR QUOTATION
SMALL VALUE PROCUREMENT
(SECTION 53.9)

Date : MAY 09, 2023
PR No. : QCPC-23-DM-0480E

Name of Company : _____
Address : _____
Contact No. : _____
Project Title : **PROCUREMENT OF DRUGS AND MEDICINES AND OTHERS**

Approved budget of the Contract : **Php 105,136.50**

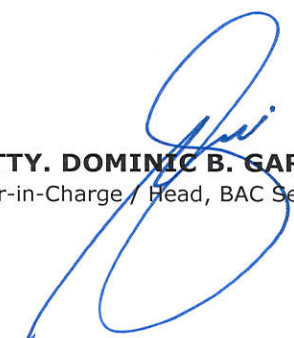
End-User /
Implementing Office : **QUEZON CITY PROTECTION CENTER**

Item Nos.	Approved Budget for The Contract
1-8	P 74,086.50
9-10	P 31,050.00
TOTAL ABC	P 105,136.50

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 **MAY 12, 2023, 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 (2023);
- 4 Tax Clearance; and
- 5 Omnibus Sworn Statement prescribed by **QC BAC – Goods and Services**
- 6 Income/Business Tax Return (for FY 2022) (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.


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	Paracetamol 500mg tab 1 box/100 pcs: Exp. 3 yrs.	box	3		
2	Ibuprofen 200mg tab: Exp. 3 yrs.	piece	250		
3	Loperamide capsules 2mg; Exp. 3 yrs.	piece	250		
4	Hyoscine N-butyl bromide 10mg tab: Exp. 3 yrs.	piece	200		
5	Cetirizine tab 10mg; Exp. 3 yrs.	piece	200		
6	Phenylephrine HCL Chlorphenamine Maleate Paracetamol Forte; Exp. 3 yrs.	piece	150		
7	Silver Sulfadiazine 10mg/20g: Exp. 3 yrs.	piece	5		
8	Contraceptive Pills 2mg/35mcg: 21 tab/pack; Exp. 5 yrs.	pack	100		
9	Cotton balls 300pcs/pack	pack	50		
10	Non-Woven Face Mask 3-Layer Filter. FDA Approved (Disposable) 50pcs/box; Expiry period: 3 years	box	250		
Total Quoted Amount					

Amount in Words: _____

Other Requirements:	
1.	Copy of valid, current License to Operate from FDA and/or DOH Accreditation as Supplier, Distributor, or Manufacturer of Drugs and Medicines.
2.	Copy of the 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 three (3) years for item nos. 1 – 6, and five (5) years for item no. 8.

Delivery Period : **Within Thirty (30) Calendar Days**

Warranty : _____

Signature over printed name

Office Telephone No./Fax/Mobile No.

Date

E-mail Address

