



REQUEST FOR QUOTATION,  
NEGOTIATED 53.9  
SMALL VALUE PROCUREMENT

DATE : APRIL 30, 2024  
Project  
No. : QCU-24-MSLI-0561C✓

Name of Company :  
Address :  
Contact No. :  
Project Title : PROCUREMENT OF CHOLESTEROL STRIP AND OTHERS  
Approved Budget of the Contract : P 97,540.00  
End-User / Implementing Office : QUEZON CITY UNIVERSITY

BREAKDOWN OF APPROVED BUDGET FOR THE CONTRACT (ABC)	
FOR ITEM NOS. 1-21	P 91,870.00
FOR ITEM NO. 22	P 5,670.00
TOTAL ABC:	P 97,540.00

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 03, 2024, 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 (2024);
- 4 Tax Clearance; and
- 5 Omnibus Sworn Statement prescribed by the **QC BAC- Goods and Services**
- 6 Income/Business Tax Return (for FY 2023) (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**.

**NOTE: Submission of a Document Request List (DRL) is required prior to the issuance of the Long Brown Envelope.**

  
**ATTY. DOMINIC B. GARCIA**  
Officer-In-Charge/Head, BAC Secretariat

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### 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
	<b>STUDENT SERVICES PROGRAM</b>				
1	<b>NITRILE GLOVES</b> Size small, powder-free, chemical resistant, puncture resistant, non-sterile, disposable, 100's/box	box	10		
2	<b>NITRILE GLOVES</b> Size medium, powder-free, chemical resistant, puncture resistant, non-sterile, disposable, 100's/box	box	10		
3	<b>SURGICAL MASK</b> 3-ply with earloop, disposable, non-woven, 50's/box	box	7		
4	<b>INFRARED THERMAL SCANNER</b> 1 Second Measurement °C/°F Switchable 50 Memory Red Backlight Fever Alert Infrared Technology	piece	3		
5	<b>ELASTIC BANDAGE</b> 3inches x 5 yards, high elastic, latex-free, washable and reusable	piece	6		
6	<b>PLASTER STRIPS</b> 100 strips / box Non-stick wound pad protects and cushions the wound For all types of small wounds Flexible and durable Strong adhesion	box	7		
7	<b>HOT WATER BAG</b> 1,000 ml, rubber material sealed with stopper	piece	3		
8	<b>FIRST AID CABINET</b> Color : White Size: H: 27.5 cm x D: 11 cm x L: 27.5cm Made of Plastic FIRST AID BOX Can be wall-mounted Cabinet style with easy-open hook Comes with transparent plastic door for easy identification of contents Durable, high-quality plastic	piece	5		
9	<b>SYRINGE</b> 3 ml (3 cc), sterile, single use, disposable, non-toxic, non-pyrogenic, ultra-sharp stainless steel needle, luer lock syringe tip, 100 pieces/box	box	1		
10	<b>GLUCOSE STRIP</b> Compatible with the 3 in 1 meter. 25's	pack	11		
11	<b>CHOLESTEROL STRIP</b> Compatible with the 3 in 1 meter. 25's	pack	10		

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12	<b>DENTAL SALIVA EJECTOR</b> Disposable, 100's, single use, non-toxic	pack	15		
13	<b>DENTAL NEEDLE</b> Gauge 27 long (0.41 mm x 30 mm), 100's, disposable, sterilized, silicone coating, tri-bevel point, round cutting edge	box	7		
14	<b>DENTAL NEEDLE</b> Gauge 30 short (0.31 mm x 21 mm), 100's, disposable, sterilized, silicone coating, tri-bevel point, round cutting edge	box	7		
15	<b>DENTAL BIB</b> Disposable, 100's per pack, medical clinic use, embossed, waterproof, paper with PE film cover	pack	15		
16	<b>DENTAL CUP</b> Disposable paper cup 100's	pack	3		
17	<b>LIGHT CURING DENTAL COMPOSITE</b> Light curing dental composite resin, 4g A1	tube	1		
18	<b>LIGHT CURING DENTAL COMPOSITE</b> Light curing dental composite resin, 4g A2	tube	1		
19	<b>LIGHT CURING DENTAL COMPOSITE</b> Light curing dental composite resin, 4g A3	tube	1		
20	<b>LIGHT CURING DENTAL COMPOSITE</b> Light curing dental composite resin, 4g A3.5	tube	1		
21	<b>DENTAL PROPHYLAXIS PASTE</b> 50g, medium grit, non-splatter formula, with baking soda	tube	5		
22	<b>OXYGEN TANK REFILL</b> 50 lbs. refill	refill	6		
<b>Total Quoted Amount</b>					

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

\_\_\_\_\_

Delivery Period : Thirty (30) Calendar Days ✓

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

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

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

\_\_\_\_\_  
Date

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

<b>Other Requirement:</b>
1) Copy of valid, current License to Operate for Medical Supplies/Devices from DOH Accreditation as Supplier, Distributor or Manufacturer. ✓
2) Copy of current and valid Certificate of Product Registration (CPR) for the item nos. 9, 13 & 14. ✓

*Signature*