



REQUEST FOR QUOTATION
NEGOTIATED 53.9
SMALL VALUE PROCUREMENT

Date : **MAY 07, 2024**
PR No. : **QCPC-24-DM-0178F**

Name of Company : _____
Address : _____
Contact No. : _____
Project Title : **PROCUREMENT OF DRUGS AND MEDICINES AND OTHERS**
Approved budget of the Contract : **Php 189,855.08**

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

Item Nos.	Approved Budget for The Contract
1-9	P 102,721.20
10-14	P 87,133.88
TOTAL ABC	P 189,855.08

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 10, 2024, 10:00 A.M.** Philippine Standard Time, together with the following documents of your company:

- 1 PhilGEPS certificate (not expired at 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 **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

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	Paracetamol 500mg tab 1 box/100 pcs: Exp. 3 yrs.	box	5		
2	Ibuprofen 200mg tab: Exp. 3 yrs.	piece	126		
3	Loperamide capsules 2mg; Exp. 3 yrs.	piece	300		
4	Hyoscine N-butylbromide 10mg tab: Exp. 3 yrs.	piece	300		
5	Cetirizine tab 10mg: Exp. 3 yrs.	piece	300		
6	Phenylephrine HCL Chlorphenamine Maleate Paracetamol Forte; Exp. 3 yrs.	piece	300		
7	Silver Sulfadiazine 10mg/20g: Exp. 3 yrs.	piece	10		
8	Contraceptive Pills 2mg/35mcg: 21 tab/pack; Exp. 5 yrs.	pack	100		
9	Petroleum Jelly, 7g or 8.2ml mini container or sachet, 100% pure white formulated with Vit. E; Paraben free	piece	44		
10	Medication Kidney Basin Stainless Steel 12", 10", & 8"; 3 pcs/set	set	1		
11	Non-Woven Face Mask 3-Layer Filter. FDA Approved (Disposable) 50pcs/box; Expiry period: 3 years	box	190		
12	Autoclave tape 18mm x 50 meters/roll	roll	30		
13	Automatic Blood Pressure Monitor: Type: Upper Arm: Monitor Type, Digital Cuff Size: Pediatric cuff; battery; Li-Polymer; Dimension: 400W x 90H x 80mmD	unit	4		
14	Automatic Blood Pressure Monitor: Type: Upper Arm: Monitor Type, Digital Cuff Size: 32cm; battery; Li-Polymer; Dimension: 400W x 90H x 80mmD	unit	10		
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 item nos. 1 – 7, and 8
3.	Statement of Warranty: <ul style="list-style-type: none">For item nos. 1 – 7: Statement of the bidder specifying that the expiration dates of the drugs and medicines shall be three (3) years from the date of deliveryFor item no. 8: Statement of the bidder specifying that the expiration dates of the drugs and medicines shall be five (5) years from the date of delivery

Delivery Period : Thirty (30) Calendar Days
Warranty : _____

Signature over printed name

Office Telephone No./Fax/Mobile No.

Date

Email Address