

REQUEST FOR QUOTATION



For: SUPPLY AND DELIVERY OF DRUGS AND MEDICINES FOR USE OF KPFP LABORATORY DEPARTMENT

Name of Company

Date: Oct. 18, 2018

Complete Company Address

RFQ No.: nlontoc-RFQ-G156-2018

PR No.: 2018-10-H-882

PHILGEPS Ref. No.: 5726975

To whom it may concern:

Please quote your lowest price/s on the lot or item/s below, subject to General Conditions indicated herein, stating the shortest time of delivery and submit your quotation duly signed by your official representative not later than Oct. 25, 2018 at 5:00 PM to the BAC Office.

Very truly yours,
RENATO A. ABUTAN
BAC-A Chairman

CANVASSERS'S CERTIFICATION

This is to certify that I have full knowledge, authority and responsibility in distributing and/or collecting the Request for Quotation in accordance to the guidelines in securing prices for **KPFP** of the Provincial Government of Cavite.

(Printed Name above Signature)
AUTHORIZED CANVASSER

PLEASE QUOTE: **PER ITEM**

BIDDER'S PROPOSAL BOX

No	ITEM DESCRIPTION (ITEM NAME&TECHNICALSPECIFICATIONS)	QTY.	UNIT	APPROVED BUDGET OF CONTRACT (ABC)	FINANCIAL PROPOSAL (Indicate the Price Offer)		TECHNICAL PROPOSAL	Delivery weeks /days
					Unit Price	Total Price		
1	Drugs and Medicines **see page 2 for Itemized description**			59,680.00				
	TOTAL			59,680.00				

- GENERAL CONDITIONS**
- All entries must be typewritten and legible;
 - Bidders must submit necessary business permits(SEC, LGU, DTI, CDA, BIR Certificate, etc.);
 - Place this RFQ in a sealed envelope and type the following details on the face of the envelope:
Your Company Name
RFQ No.
PR No.
PHILGEPS Reference No.
 - Delivery period must be at least within _____ calendar days from date of the Notice to Proceed (Indicate the days of delivery in the Bidder's Proposal box)
 - Item/s delivered must have warranties for unit replacements, parts, labor or other services;
 - Price validity shall be for a period of three(3) months;
 - Quoted prices must be inclusive of taxes, and other charges or fees and shall not exceed the Approved Budget for the Contract(ABC);
 - If Bid is accepted, the supplier undertakes to provide a performance security in the form, amounts, and within the times specified in the Revised IRR of R.A. 9184;
 - It is understood that the Provincial Government of Cavite is not bound to accept the Lowest Calculated Bid or any Bid it may receive.
 - Transaction with the Provincial Government of Cavite shall mean compliance by the winning bidder with the bid and delivery requirements before the issuance of check payment;
 - Failure to comply with these conditions shall mean disqualification of your bid proposal

**SUPPLIER/CONTRACTOR/CONSULTANTS
CERTIFICATION**

Date: _____

After having carefully read and accepted Your General Conditions, I/We quote you on the item/s at price/s noted above for immediate delivery and shipment which can be made in _____ days from receipt of the Notice To Proceed.

Print Name & Signature of
Authorized Representative

Company Tel./Fax/Mobile No.

Company Tax Identification No. (TIN)

*Attach Certificate of Registration (BIR)

428 10/17

Page 2 of Request For Quotation for SUPPLY AND DELIVERY OF DRUGS AND MEDICINES FOR USE OF KPFP LABORATORY DEPARTMENT;

PLEASE QUOTE: **PER ITEM**

BIDDER'S PROPOSAL BOX

No	ITEM DESCRIPTION (ITEM NAME&TECHNICALSPECIFICATIONS)	QTY.	UNIT	APPROVED BUDGET OF CONTRACT (ABC)	FINANCIAL PROPOSAL (Indicate the Price Offer)		TECHNICAL PROPOSAL	Delivery weeks /days
					Unit Price	Total Price		
1	Amikacin	4	Cart	2,280.00				
2	Ampicillin	4	Cart	2,280.00				
3	Cefepime	4	Cart	2,280.00				
4	Ceftazidime	4	Cart	2,280.00				
5	Ceftriaxone	4	Cart	2,280.00				
6	Clarithromycin	4	Cart	2,280.00				
7	Erythromycin	4	Cart	2,280.00				
8	Gentamycin	4	Cart	2,280.00				
9	Linezolid	4	Cart	2,280.00				
10	Norfloxacin	4	Cart	2,280.00				
11	Ofloxacin	4	Cart	2,280.00				
12	Penicillin	4	Cart	2,280.00				
13	Piperacillin/Tazobactam	4	Cart	2,280.00				
14	Rifampicin	4	Cart	2,280.00				
15	Tetracycline	4	Cart	2,280.00				
16	Vancomycin	4	Cart	2,280.00				
17	ASO Titer 100's	5	box	23,200.00				
	TOTAL			59,680.00				

Company Name.

Address

**Print Name & Signature of
Authorized Representative**