

# REQUEST FOR QUOTATION

**CDJS**



18.020.000339

**For: SUPPLY AND DELIVERY OF DRUGS AND MEDICINES FOR USE OF GEAMH**

\_\_\_\_\_  
*Name of Company*

Date: October 22, 2018

\_\_\_\_\_  
*Complete Company Address*

RFQ No.: nlontoc-RFQ-G170-2018

PR No.: 2018-10-H-952

PHILGEPS Ref. No.: 5733852

**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. 29, 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 GEAMH of the Provincial Government of Cavite.*

\_\_\_\_\_  
**(Printed Name above Signature)**  
**AUTHORIZED CANVASSEER**

**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 <b>**see page 2 for itemized description**</b>							
<b>TOTAL</b>				<b>99,900.00</b>				

- GENERAL CONDITIONS**
1. All entries must be typewritten and legible;
  2. Bidders must submit necessary business permits(SEC,LGU,DTI, CDA, BIR Certificate, etc.);
  3. 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.*
  4. 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)
  5. Item/s delivered must have warranties for unit replacements, parts, labor or other services;
  6. Price validity shall be for a period of three(3) months;
  7. Quoted prices must be inclusive of taxes, and other charges or fees and shall not exceed the Approved Budget for the Contract(ABC);
  8. 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;
  9. It is understood that the Provincial Government of Cavite is not bound to accept the Lowest Calculated Bid or any Bid it may receive.
  10. 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;
  11. 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)**

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**Page 2 of Request For Quotation for SUPPLY AND DELIVERY OF DRUGS AND MEDICINES FOR USE OF GEAMH;**

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	Cotrimoxazole 800mg. tablet 100's	50	Box	20,000.00				
2	Cotrimoxazole Susp. 60ml. (200mg./60ml.)	10	Btl.	320.00				
3	Ascorbic Acid 500mg.	50	Box	10,000.00				
4	Ascorbic Acid Syrup 250mg., 60ml.	10	Btl.	380.00				
5	Mefenamic Acid 500mg. capsule 100's	50	Box	10,000.00				
6	Mefenamic Acid Syrup	10	Btl.	490.00				
7	Paracetamol 500mg. Tablet 100's	45	Box	4,500.00				
8	Paracetamol 250mg. Syrup	10	Btl.	290.00				
9	Paracetamol 100mg. drops	10	Btl.	300.00				
10	Oresol	80	Sachet	400.00				
11	Lagundi 500mg. tablet 100's	30	Btl.	15,000.00				
12	Lagundi Syrup 60ml.	10	Btl.	1,450.00				
13	Amoxicillin 500mg. Capsule 100's	40	Box	28,000.00				
14	Amoxicillin 250mg. Suspension	10	Btl.	450.00				
15	Amoxicillin 100mg. Drops	10	Btl.	320.00				
16	Doxycycline tablet	20	Box	8,000.00				
	<b>TOTAL</b>			<b>99,900.00</b>				

\_\_\_\_\_  
**Company Name.**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Print Name & Signature of  
Authorized Representative**