

REQUEST FOR QUOTATION

CDTS



18.020.000480

For: SUPPLY AND DELIVERY OF DRUGS AND MEDICINES FOR KPPF PHARMACY DEPARTMENT

Name of Company

Date: November 8, 2018

RFQ No.: nlontoc-RFQ-G182-2018

Complete Company Address

PR No.:

PHILGEPS Ref. No.: 5784251

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 **November 14, 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 **KPPF** 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 & TECHNICAL SPECIFICATIONS)	QTY.	UNIT	APPROVED BUDGET OF CONTRACT (ABC)	FINANCIAL PROPOSAL (Indicate the Price Offer)		TECHNICAL PROPOSAL	Delivery weeks /days
					Unit Price	Total Price		
1	Drugs & Medicines			648,332.00				
	see Page 2 for Itemized description							

- 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 SUPPLY AND DELIVERY OF DRUGS AND MEDICINES FOR KPFP PHARMACY DEPARTMENT;

PLEASE QUOTE: PER ITEM

BIDDER'S PROPOSAL BOX

No	ITEM DESCRIPTION (ITEM NAME&TECHNICALSPECIFICATIONS)	QTY.	UNIT	APPROVED BUDGET OF CONTRACT (ABC)	FINANCIAL PROPOSAL <i>(Indicate the Price Offer)</i>		TECHNICAL PROPOSAL	Delivery weeks /days
					Unit Price	Total Price		
1	Sodium Bicarbonate 325mg.	1,000	tab	3,000.00				
2	Tamsulocin 400mg.	500	Tab	7,500.00				
3	Aciclovir 200mg.	200	Tab	1,200.00				
4	Calcium 500mg.	500	Tab	3,000.00				
5	Potassium Chloride 600mg.	2,000	Tab	30,000.00				
6	Effervescent Chlorine	200	Tab	9,800.00				
7	Propylthiouracil 500mg.	300	Tab	5,100.00				
8	Nutriflex Lipid Peri 1,250ml. (1,000 KCAL)	18	Bot	96,930.00				
9	Nutriflex Lipid Peri 1,875ml. (1,400 KCAL)	18	Bot	122,400.00				
10	Nutriflex Lipid Peri 2,500ml. (1,900 KCAL)	18	Bot	129,402.00				
11	Nitroglycerin	50	Amp	60,000.00				
12	Adenosine 3mg./ml.,2ml.	100	vial	180,000.00				
	nothing follows							
	TOTAL			648,332.00				

Company Name.

Address

**Print Name & Signature of
Authorized Representative**