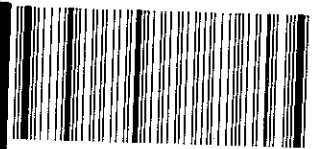


REQUEST FOR QUOTATION

CDTS



18.020.000481

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

Date: November 8, 2018

RFQ No.: nlontoc-RFQ-G181-2018

PR No.:

PHILGEPS Ref. No.: 5784099

Name of Company

Complete Company Address

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,
RINAYON 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 & Medicines **see Page 2 for itemized description**			349,900.00				

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 USE OF KPFP;

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	E Test Ceftazidime	2	Cart	12,000.00				
2	E Test Axtreonam	2	Cart	12,000.00				
3	E Test Amikacin	2	Cart	12,000.00				
4	E Test Chloramphenicol	2	Cart	12,000.00				
5	E Test Norfloxacin	2	Cart	12,000.00				
6	E Test Ciprofloxacin	2	Cart	12,000.00				
7	E Test Gentamycin	2	Cart	12,000.00				
8	E Test Tobramycin	2	Cart	12,000.00				
9	E Test Piperacillin/ Tazobactam	2	Cart	12,000.00				
10	E Test Trimetophrin/Sulfamethoxazole	2	Cart	12,000.00				
11	E Test Levofloxacin	2	Cart	12,000.00				
12	E Test Cefepime	2	Cart	12,000.00				
13	E Test Ofloxacin	2	Cart	12,000.00				
14	E Test Daptomycin	2	Cart	12,000.00				
15	E Test Oxacillin	2	Cart	12,000.00				
16	E Test Vancomycin	2	Cart	12,000.00				
17	E Test Tedizolid	2	Cart	12,000.00				
18	E Test Amoxicillin/Clavunalic	2	Cart	12,000.00				
19	E Test Cefepime	2	Cart	12,000.00				
20	E Test Cefotaxime	2	Cart	12,000.00				
21	E Test Ceftriaxone	2	Cart	12,000.00				
22	E Test Cefuroxime	2	Cart	12,000.00				
23	E Test Ertapenem	2	Cart	12,000.00				
24	E Test Imipenem	2	Cart	12,000.00				
25	E Test Meropenem	2	Cart	12,000.00				
26	E Test Ampicillin	2	Cart	12,000.00				
27	E Test Penicillin	2	Cart	12,000.00				
28	E Test Erythromycin	2	Cart	12,000.00				
29	Cefinase	1	Cart	2,700.00				
30	Catalase/ Oxytest	1	Box	5,600.00				
31	Coalase Test	1	Box	5,600.00				
	nothing follows							
	TOTAL			349,900.00				

Company Name.

Address

Print Name & Signature of
Authorized Representative