

REQUEST FOR QUOTATION

CDTS



20.020.000118

For: SUPPLY AND DELIVERY OF DRUGS AND MEDICINE FOR USE OF CCMH

Date: February 11, 2020

RFQ No.: niontoc-RFQ-G005-2020

PR No.: 2020-2-H-40/02-05-2020

PHILGEPS Ref. No.: 6850635

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 **February 17, 2020 at 5:00 PM** to the **BAC Office**.

Very truly yours,

RENATO A. BANTAN
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 **Cavite Center for Mental Health** 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	Carbamazepine 200mg TabX100's (EPAZIN)	24	BXS	52,008.00				
2	Amoxillin 500mg CapX100's	18	BXS	5,400.00				
3	Co-Amoxiclav 625mg Tabx30's	2	BXS	2,700.00				
4	Ferrous Sulfate 325mg Tabx100's	27	BXS	5,400.00				
5	Licodaine HCl+Epinephrine 1.8ml x50's	1	BOX	1,500.00				
6	Omeprazole Sodium 20mg Capx50's	1	BOX	1,480.00				
	SEE PAGE TWO FOR SPECIFICATIONS							

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: February 17, 2020

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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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		
7	Oral Rehydration Salts Sachet 4.34gx30's	1	BOX	150.00				
8	Salbutamol 2mg Tabx100's	3	BXS	450.00				
9	Tranexamic Acid 500mg Tabx100's	3	BXS	3,600.00				
10	Vitamin B1+B6+B12 Tabx100's	18	BXS	2,700.00				
	nothing follows							
	TOTAL			75,388.00				

Company Name.

Address

Print Name & Signature of Authorized Representative