

REQUEST FOR QUOTATION



For: SUPPLY AND DELIVERY OF VARIOUS DRUGS AND MEDICINES FOR USE OF CCMH

Date: March 12, 2021

Name of Company

RFQ No.: nlontoc-RFQ-G016-2021

Complete Company Address

PR No.: 2021-2-H-101/02-09-2021

PHILGEPS Ref. No.: 7536397

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 **March 18, 2021 at 5:00 PM** to the **BAC Office**.

Very truly yours,

RENATO A. BUTAN
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.	Biperiden HCl 2mg Tabx100's	12	BXS	15,600.00				
2.	Divalproex Sodium 250mg Tabx100's	100	BTS	380,000.00				
3.	Amoxicillin 500mg Capx100's	12	BXS	3,600.00				
4.	Ascorbic Acid 500mg Tabx100's	144	BTS	50,400.00				
5.	Azithromycin 500mg Tabx3's	8	BXS	4,800.00				
6.	Cefalexin 500mg Capx100's	8	BXS	3,600.00				
7.	Celecoxib 200mg Tabx100's	4	BXS	6,000.00				
8.	Cloxacillin 500mg Capx100's	12	BXS	6,000.00				
9.	Co-Amoxiclav 625mg Tabx30's	8	BXS	10,800.00				
see page two for the continuation								

- GENERAL CONDITIONS**
1. All entries must be legibly handwritten or typewritten;
 2. Bidders must submit necessary business permits (SEC, LGU, DTI, CDA, BIR Certificate, etc.) and Philgeps Online Registration/Certification;
 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 receipt 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. The Provincial Government of Cavite reserves the right to reject any and all bids, declare a failure of bidding, or not award the contract at any time prior to contract award in accordance with the provisions of RA 9184, without thereby incurring any liability to the affected bidder or bidders.
 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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FOR USE OF CCMH**

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 (days/weeks)
					Unit Price	Total Price		
10.	Diphenhydramine 50mg Capx100's	12	BXS	2,400.00				
11.	Ferrous Sulfate 325mg Tabx100's	144	BXS	28,800.00				
12.	Glipizide Tab., 5mg	180	TABS	5,400.00				
13.	Ketoanalogue+Essential Amino Acid	1000	TABS	50,000.00				
14.	Mefenamic Acid 500mg Capx100's	8	BXS	1,600.00				
15.	Lidocaine HCl+Epinephrine 1.8ml	100	PCS	3,000.00				
16.	Oral Rehydration Salts Sachet 4.34g	200	PCS	2,000.00				
17.	Paracetamol 500mg Tabx100's	8	BXS	1,600.00				
18.	Salbutamol 2mg tabx100's	8	BXS	1,600.00				
19.	Sodium Bicarbonate 625mg Tabx100's	68	BTS	13,600.00				
20.	Tranexamic Acid 500mg Tabx100's	4	BXS	4,800.00				
21.	Vitamin B Complex Tabx100's	72	BXS	14,400.00				
22.	0.9% Sodium Chloride, 1L	24	BTS	2,400.00				
	nothing follows							
	TOTAL			P 612,400.00				

Company Name

Address

*Printed Name & Signature
of Authorized Representative*