



REQUEST FOR QUOTATION

For the SUPPLY AND DELIVERY OF DRUGS AND MEDICINES FOR USE OF CAVITE CENTER FOR MENTAL HEALTH

Date: March 08, 2022

RFQ No.: nlontoc-RFQ-G019-2022

PR No.: 2022-3-H-1656/03-01-2022

PHILGEPS Ref. No.: 8501976

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 **March 14, 2022 at 5:00 PM** to the **BAC Office, 2/F Provincial Capitol Bldg., Brgy. San Agustin, Trece Martires City.**

Very truly yours,
RENATO TABUTAN
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 **Quavite Center For Mental Health** of the Provincial Government of Cavite.

(Printed Name & Signature)
AUTHORIZED CANVASSER

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		
1	BIPERIDEN TAB 2mg	3	BOXS	3,900.00				
2	CHLORPROMAZINE 100mg TABX100's	133	BOXS	119,700.00				
3	ASCORBIC ACID WITH ZONC TABX100's	288	BOXS	129,600.00				
4	AZITHROMYCIN 500mg TABX3's	4	BOXS	2,400.00				
5	DIPHENHYDRAMINE 50mg CAPX100's	6	BOXS	1,500.00				
	see page 2 for the continuation							

GENERAL CONDITIONS

1. All entries must be legibly handwritten or typewritten;
2. Bidders must submit the required documents as follows:
 - a) Valid DTI Business Name Registration and/or SEC or CDA Certificate
 - b) Valid Mayor's Permit
 - c) PhilGEPS Online Registration
 - d) BIR Certificate
 - e) Authority of Signing Official and/or Representative
 1. Special Power of Attorney if single-proprietorship or Partnership (N/A if representative is the owner or general partner)
 2. Notarized Secretary's Certificate with attached Board Resolution if corporation or cooperative
 3. Photocopy of two (2) valid ID's of authorizing officer and representative
 - f) All prospective bidders are required to get the original signed copy of Request for Quotation at the BAC Office, Provincial Capitol Bldg., Brgy. San Agustin, Trece Martires City for submission together with the eligibility requirements on or before the closing date.
 - g) Notarized omnibus sworn statement.
 - h) Other required documents.
3. Place this RFQ in a sealed envelope and type the following details on the face of the envelope:

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/CONSULTANT'S 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.

Printed Name & Signature
of Authorized Representative

Company Tel./Fax/Mobile No.

Company Tax Identification No. (TIN)

***Attach Certificate of Registration (BIR)**

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CAVITE CENTER FOR MENTAL HEALTH**

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		
6	FERROUS SULFATE 325mg x TABX100's	72	BOXS	21,600.00				
7	LOSARTAN POTASSIUM 50Mg TABx100's	4	BOXS	4,000.00				
8	METROPOLOL 100mg TABX100's	6	BOXS	4,500.00				
9	METRONIDAZOLE 500mg TABX100's	2	BOXS	900.00				
	Nothing Follows							
	TOTAL			P 288,100.00				

Company Name

Address

*Printed Name & Signature
of Authorized Representative*