



Republika ng Pilipinas
PAMAHALAANG LUNGSOD NG TACLOBAN
(City Government of Tacloban)
Kanhuraw Hill, Tacloban City 6500

BIDS AND AWARDS COMMITTEE

REQUEST FOR QUOTATION

1st Canvassing

Company Name/Supplier: _____

Address: _____

Contact No. _____

RFQ No.	2022-906
RFQ Date:	11/29/2022
Approved Budget for the Contract (ABC)	₱84,975.00
Mode of Procurement	Negotiated Procurement/ NP-SVP
PR No.	2022-1473
PR Date:	11/14/22
End-user:	BJMP

Procurement Title/Category: Drugs and Medicines

Please quote your lowest price for the item(s) listed below, subject to terms and conditions stated hereunder and submit your sealed quotation duly signed by your representative to our office not later than **9 o' clock** in the morning, of **December 5, 2022**. Opening of quotation shall be held at **2 o'clock** in the afternoon of **December 6, 2022**.

Sgd. JONATHAN R. HIJADA
BAC Chairman

Terms & Conditions:

- All entries must either be typewritten or legibly handwritten;
- Delivery Period: within (30) thirty days upon receipt of Purchase Order (PO) or as may be required by the appropriate authority. Administrative penalties pursuant to Rule XXXIII, Section 69 of RA 9184 shall be imposed for non-delivery without valid reason;
- Warranty shall be for a minimum of three (3) months for supplies and materials, and one (1) year for equipment from date of acceptance of end-user;
- Quoted price shall be valid for a period of (6) months;
- Documents to be attached upon submission of this quotation:
 - Valid Mayor's Business Permit
 - PhilGEPS Registration Number/Organization ID Number
 - License to Operate and Certificate of Products Registration issued by Food and Drug Authority.
 - Notarized Original Omnibus Sworn Statement (Revised format GPPB Resolution No. 16-2020)
 - Brochure showing brand, model and specifications of the product being offered, if applicable.
 - All photocopied documents submitted shall be a certified copy from the original.
 - All documents must be enclosed in a properly labeled and sealed envelope, indicating the PR No.
- The BAC shall conduct the alternative procurement process in accordance with RA 9184 and its 2016 RIRR.

ITEM NO.	ITEMS & DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE
1.	Ascorbic Acid (Vitamin C), 500 mg, 100 Tablet/box	10	Box		
2.	Multi Vitamins, 100 Capsule/box	10	Box		
3.	Paracetamol, 500mg, 100 Tablet/box	9	Box		
4.	Metformin 500mg, Film Coated, 100 Tablet/box	10	Box		
5.	Amlodipine, 5mg, 100 Tablet/box	20	Box		
6.	Naproxine Sodium, 550mg, 100 Tablet/box	5	Box		
7.	Oresol, Oral Rehydration Salt, 20.5g, 100 Sachet/box	20	Box		
8.	Co-Amoxiclav, (Amoxicillin+Clavulanic Acid), 600+125mg, 100 Tablet/box	5	Box		
9.	Amoxicillin, 500mg, 100 Capsule/box	10	Box		
10.	Cefalexin, 500mg, 100 Capsule/box	5	Box		
11.	Losartan, 10mg, 100 Tablet/box	10	Box		
12.	Losartan, 5mg, 100 Tablet/box	11	Box		
13.	Mefenamic Acid, 500mg, 100 Capsule/box	10	Box		
14.	Diclofinac, 50mg, 100 Tablet/box	10	Box		
	<i>xxxxx nothing follows xxxxx</i>	GRAND TOTAL:			

Brand & Model: _____

Warranty: _____

Delivery Period: _____ days upon receipt of the PO Price valid until: _____

After having carefully read and accepted your General Conditions (terms and conditions), I/We quote you on the item(s) at prices provided above. If the space for Delivery Period, Warranty and Price Validity are left blank, it means that I concur with the terms and conditions specified by your procuring entity.

Printed Name/Signature/Date

Contact Number