



CITY GOVERNMENT OF TABACO
OFFICE OF THE BIDS & AWARDS COMMITTEE
REQUEST FOR QUOTATION / PROPOSAL
Shopping [Section 52.1 (b)]

Date: _____
Family Wellness Lying In
K-linik (FWLIK)

RFQ No. 0619-2020

P.R. No. 20-09-1211

Office / End-User:

COMPANY NAME: _____

ADDRESS: _____

TEL. NO./CP NO.: _____

To whom it may concern: <p>Please quote your lowest price/s on the lot or item/s below, subject to Terms and Conditions indicated herein, stating the shortest time of delivery and submit your quotation duly signed by your official representative not later than 9:00 A.M. of _____ to the BAC Office, 2F Annex Bldg., Tabaco City Hall, Tabaco City.</p> <p>1st Extension _____ Very truly yours, 2nd Extension _____</p> <p style="text-align: right;">ALWIN O. NUNEZ Procuring Officer</p>	TERMS AND CONDITIONS
CANVASSER'S CERTIFICATION <p>This is to certify that I have full knowledge, authority and responsibility in distributing and / or collecting the Request for Quotation in accordance with the guidelines in securing prices for the City Government of Tabaco.</p> <p style="text-align: right;">_____ (Signature over Printed Name) Authorized Canvassers</p>	<ol style="list-style-type: none"> 1. All entries must be typewritten and legible; 2. Bidders must submit the following DOCUMENTARY REQUIRMENTS: a.) Mayor's / Business Permit b.) BIR Certificate of Registration c.) PhilGEPS Registration No. _____ d.) License to Operate (LTO) as Drug Wholesaler/Retailer/Distributor (Drugs and Medicines) License to Operate as Medical Supplies or Device Wholesaler/Retailer/Distributor for Medical Supplies e.) Brochure/Picture for Appliances, Equipments and Machineries. 3. Place your Proposal together with the documents Requirements in a sealed envelope and type the ff. details on the face of the envelope: Your Company / Name & Address PhilgEPS Reference No. & PR No. Solicitation No. Closing date and time (Note: WE DO NOT ACCEPT PROPOSAL/QUOTATION SUBMITTED THROUGH E-MAIL) 4. Delivery period must be at least within ten (10) calendar days upon receipt of the Notice of Award./Purchase Order (PO) or Contract. 5. Item/s delivered must have warranties for the unit replacements, parts, labor or other services. 6. Price validity shall be for a period of three (3) months. 7. Quoted price must be inclusive of taxes, and other charges or fees and shall not exceed the Approved Budget for the Contract (ABC). 8. Brand and/ or model of items offered shall be indicated across the applicable items. 9. Bid proposal should be duly signed by the authorized representative. 10. Transaction with the City Government of Tabaco 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.

Project Name:		Purchase of Medical Supplies			SUPPLIER / CONTRACTOR / CONSULTANT'S PROPOSAL BOX		
No.	ITEM DESCRIPTION (Item Name & Technical Specifications)	Qty	Unit	Approved Budget of the Contract (ABC)	Financial Proposal (Indicate the Price Offer)		Technical Proposal (Indicate Brand / Model Offer)
					Unit Price	Total Price	
1	Disposable Syringe with Needle 3cc, Terumo	5	box	5,000.00			
2	Disposasble Tubercullin Syringe Terumo,	2	box	1,600.00			
3	Clean Gloves 6.5 - 7100/box	12	box	6,600.00			
4	Disposable Gloves 7 (Sterile)	100	pair	7,000.00			
5	Triple Distilled Water 50ml	5	bottle	750.00			
6	Rubbing Alcohol 70% 500ml	50	bottle	5,000.00			
7	Digital Thermometer	12	pcs	2,040.00			
8	Infrared Forehead Thermometer, Battery Operated	3	pcs	3,000.00			
9	Cotton 400g	29	roll	5,800.00			
10	Sterile Guaze 4 x 4	150	pack	18,000.00			
11	Hypoallerginic Plater, 1inch, 12/box	13	box	5,850.00			
12	Pregnancy Test Kit, 100/box	1	box	3,500.00			
13	Chromic Catgut 2-0, 12/box	10	box	6,500.00			
14	Betadine Antiseptic Solution	2	gal	3,200.00			
15	Hydrogen Peroxide	3	bottle	945.00			
16	Venoset (Macrodiip)	100	pcs	8,000.00			
17	Gauze Roll	2	roll	1,400.00			



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					Unit Price	Total Price	
18	Cidex, 1gal	4	gal	8,000.00			
19	Umbilical Cord Clamp	110	pcs	2,200.00			
20	IV Canula Gauge #20	30	pcs	1,800.00			
21	IV Canula Gauge #26	30	pcs	1,800.00			
22	IV Canula Gauge #22	30	pcs	1,800.00			
23	Sterile Gloves (6.5), 100/box	15	box	15,000.00			
24	Sterile Gloves (7), 100/box	12	box	12,000.00			
25	Headcaps	80	pcs	4,000.00			
26	N95, 10pcs/pack	3	pack	2,700.00			
27	Kelly Pad	1	pc	1,200.00			
TOTAL (Php):				134,685.00			

Delivery Period: _____

Warranty: _____

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 of Award.

Signature over Printed Name of the authorized representative: _____

Telephone No / Mobile No.: _____

