



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

Date: _____
Gender & Development
Office/City Health Unit (GAD-
CHU)

RFQ No. 0796-2020 P.R. No. 20-11-1575/1576

Office / End-User: _____

COMPANY NAME: _____
ADDRESS: _____
TEL. NO./CP NO.: _____

To whom it may concern:					TERMS AND CONDITIONS		
<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>ALWIN O. NUNEZ Procuring Officer</p>					<p>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.</p> <p>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)</p>		
<p>CANVASSER'S CERTIFICATION</p> <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>_____ (Signature over Printed Name) Authorized Canvassers</p>					<p>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.</p>		
Project Name:		Purchase of Drugs & Medicines			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	Medroxyprogesterone Acetate 150mg/1ml Suspension for Injection	3750	vial	300,000.00			
2	Olanzapine 10mg Orodispersible Tablet	10	100/box	32,000.00			
3	Olanzapine 5mg Tablet	10	100/box	5,000.00			
4	Carbamazepine 200mg Tablet	10	100/box	2,050.00			
5	Divalproex Sodium 250mg Tablet	15	100/box	35,805.00			
6	Divalproex Sodium 500mg Film Coated Tablet	10	100/box	13,900.00			
7	Chlorpromazine 200mg Tablet	30	100/box	6,390.00			
8	Chlorpromazine 100mg Tablet	20	100/bottle	2,980.00			
9	Clozapine 100mg Tablet	20	100/bottle	19,500.00			
10	Clozapine 25mg Tablet	20	100/bottle	16,000.00			
TOTAL (Php):				433,625.00			
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.: _____							