

REQUEST FOR QUOTATION

RFQ NO. PCDP-0014
DATE: 07/28/2021

COMPANY NAME :
COMPANY ADDRESS :
CONTACT PERSON :
CONTACT NO. :
COMPANY TIN :

Sir/Madam:

Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in **Annex A**. Failure to indicate **TECHNICAL SPECIFICATIONS** could be basis for non - compliance. Also, furnish us with the descriptive brochures, catalogues, literatures and/or samples, if applicable.

If you are the exclusive manufacturer, distributor or agent in the Philippines for the goods listed in Annex A please attach in your quotation a duly notarized certification to this effect.

Please submit this form together with Annex A to **DSWD FO IX BAC OFFICE** on or before August 9, 2021 5:00 PM.

Terms and Conditions:

PURPOSE

Department of Social Welfare and Development FO-IX
BIDS AND AWARDS COMMITTEE
For Posting
Received by: Princess Ortiz
Date & Time: 7/30/2021 5:14pm
Remarks:

Very truly yours,


RIDWAN F. H. J. MUDDIN
ARDA

FOR MEDICAL SERVICES FOR DEPORTEES/PCDP CLIENTS AND STAFF

- PR NUMBER** : **2021-04-026**
1. Award shall be made on per : Item Basis ☒ Lot Basis
2. Quotation validity : 30 Calendar days from bid opening
3. Delivery Period : 10 days upon receipt of PO NTP
4. Delivery Area : DSWD IX PCDP
5. Terms of payment : With in 60 working days
6. Liquidated Damages/Penalty : 1/10 of 1% of undelivered portion x No. of days of delay
7. In case of discrepancy between unit cost and total cost, unit cost shall prevail.
8. Warranty : N/A
9. Performance Security : N/A


RENATO G. FOJAS
Regional Procurement Officer

(Signature Over Printed Name)
Supplier

PHILGEPS NO.: _____
PHILGEPS EXPIRY: _____

ITEM NO.	QTY.	UNIT	PURCHASER'S SPECIFICATIONS	TOTAL ABC	BIDDER'S SPECIFICATIONS	UNIT COST	TOTAL COST
1	10	box	MEFENAMIC ACID 500mg/tab (100s)				
2	5	box	HYOSCINE N-BUTYL BROMIDE 10mg/tab (100s)				
3	10	box	CELECOXIB 200mg/capsule (100s)				
4	10	box	ALUMINUM HYDROXIDE - MAGNESIUM HYDROXIDE 178mg/25mg/30mg Chewable Tab (100s)				
5	10	bottle	PARACETAMOL 120mg				
6	5	box	FUROSEMIDE 40mg/tab (100s)				
7	10	box	SALBUTAMOL 2mg/tab (100s)				
8	5	pcs	SALBUTAMOL INHALER 200mcg (INHALER)				
9	5	pack	SALBUTAMOL 1mg/ml (NEBULES) (5s/pack)				
10	10	bottle	SALBUTAMOL SYRUP 1mg/50mg/120ml				
11	10	box	LOPERAMIDE 2mg/tab (100s)				
12	5	bottle	SALICYLIC ACID 120ml				
13	5	box	METRONIDAZOLE 500mg/tab (100s)				
14	5	box	CARBOCISTEINE 500mg/tab (100s)				
15	10	box	CETIRIZINE 10mg/tab (100s)				
16	10	box	IBUPROFEN 200mg/softgel (100s)				
17	100	box	ASCORBIC ACID 500mg/tab (100s)				
18	50	bottle	MULTIVITAMINS SYRUP 250ml				
19	10	box	CAPTOPRIL 25mg/tab (100s)				
20	10	box	CLONIDINE 75mcg/tab (100s)				
21	100	box	MULTIVITAMINS CAPSULE 100s				
22	5	box	TRANEXAMIC ACID 500mg/cap (100s)				
23	3	jar	SILVER SULFADIAZINE 1% TROPICAL CREAM 400g/jar				
24	50	tube	BETAMETHASONE VALERATE 1mg (0.1%) TROPICAL CREAM 15g TUBES				
25	50	tube	MUPIROCIN 20mg (2%) TROPICAL OINTMENT				
26	10	box	OMEPRAZONE 20mg/cap (100s)				
27	5	box	DICYCLOVERIN HYDROCHLORIDE 10mg/tab (100s)				
28	30	bottle	DICYCLOVERIN HYDROCHLORIDE 10mg/5ml SYRUP BOTTLE				
29	50	bottle	0.9% SODIUM CHLORIDE IRRIGATING SOLUTION 1000ml/bot				
30	5	box	PHENYLEPHRINE HCL+ PARACETAMOL 10mg/500mg/tab (100s)				
31	5	box	NAPROXEN SODIUM 550mg/tab (100s)				
32	10	bottle	D-ALPHA TOCOPHEROL (VITAMIN E) 400i.u/bot (30s)				
33	10	bottle	DENTAL ANALGESIC DROPS 1.25mg/ml, 7.5ml/bot				
34	100	box	VITAMIN B COMPLEX (B1+B6+B12) 100mg/5mg/5mcg/tab (100s)				
				365,750.00			
			XXXXXXXXXXXXX NOTHING FOLLOWS XXXXXXXXXXXXX				
			Take Note:				
			Business/Mayor's Permit shall be issued upon receipt of Purchase Order				
			Income / Business Tax Return shall be required for Negotiated Procurement under Small Value Procurement Modality with ABC above P500,000.00 after receipt of approved contract and/or during delivery/activity before payment.				
			Omnibus Sworn Statement shall be required for Negotiated Procurement under Small Value Procurement Modality with ABC above P50,000.00 after receipt of approved contract and/or during delivery/activity before payment.				

PURPOSE : FOR MEDICAL SERVICES FOR DEPORTEES/PCDP CLIENTS AND STAFF

P.R. NO. : 2021-04-026

RENATO G. FOJAS
RPROCUREMENT OFFICER

NIÑO S. GALACIO
CANVASSER

(SIGNATURE OVER PRINTED NAME)
SUPPLIER