

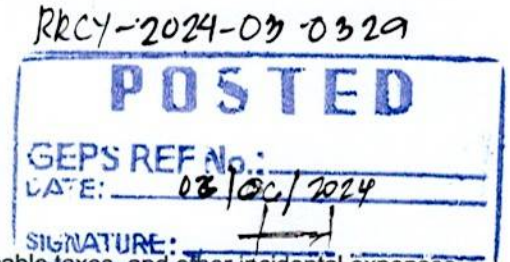
REQUEST FOR QUOTATION

Section 52.1b - Shopping

RFQ NO. 03-0329
DATE: 4-Mar-2024

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

18 MAR 2024 @ 05:00 PM.

Very truly yours,



ROLANDO V. CUEVA
Regional Procurement Officer

Terms and Conditions:

PURPOSE	:	FOR RRCY MEDICINES SUPPLIES 1ST SEMESTER EXPENSES
PR NUMBER	:	2024-03-0329
1. Award shall be made on per	:	<input type="checkbox"/> Item Basis <input checked="" type="checkbox"/> Lot Basis
2. Quotation validity	:	30 CALENDAR DAYS FROM BID OPENING
3. Goods shall be delivered on	:	W/IN 14 CALENDAR DAYS UPON RECIEPT OF NOTICE TO PROCEED
4. Delivery Area	:	DSWD FO IX / RRCY, Polanco ZDN
5. Terms of payment	:	W/ IN 60 CALENDAR DAYS AFTER DELIVERY
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

(signature over printed name)

Supplier

PHILGEPS NO.: _____

PHILGEPS EXPIRY: _____

ANNEX A: RFO
RFO NO. : 03-0329
DATE : 2004-03-04

ANNEX A: RFO
RFO NO. : 03-0329
DATE : 2004-03-04

ITEM NO.	QTY.	UNIT	PURCHASER'S SPECIFICATIONS	TOTAL AMT	BIDDER'S SPECIFICATIONS	UNIT COST	TOTAL COST
1	3	box	Paracetamol+Chlorphenamine Maleate+Phenylephrine (Neozep)				
2	3	box	Phenypropionolamine HCL+Brompheniramine Maleate 15mg/12mg tablet				
3	3	box	Paracetamol (Biogesic) 500mg tablet				
4	3	box	Carbocisteine 500mg Capsule				
5	2	box	Loperamide 2mg Capsule				
6	10	box	Oral Rehydration Salts (Hydrite) 4.1g				
7	3	box	Metronidazole 500mg tablet				
8	2	box	Me bendazole 500mg Tablet				
9	2	box	Citri zine Hydrochloride 10mg tablet				
10	2	box	Loratidine 10mg Tablet	77,800.00			
11	2	box	Saltbutamol Nebule 2.5mg				
12	2	box	Hyocina+Paracetamol (Buscopan) 500mg				
13	3	box	Metranmic Acid 500mg Capsule	11,800.00			
14	3	box	Ibu profren 400mg Tablet				
15	2	bot	Sodium Bicarbonate 650mg				
16	2	box	Aluminium Hydroxide+Magnesium Hydroxide+Simeicone 178mg/233mg/30mg				
17	1	box	Famotidine+Calcium Carbonate+Magnesium Hydroxide 10mg/800mg/165mg				
18	3	box	Ranitidine 150mg Tablet				
19	3	box	Medicine 30mg				
3	3	box	XXX				
PURPOSE : FOR RRCY MEDICINES SUPPLIES 1ST SEMESTER EXPENSES (Negeri Sembilan)							
R. NO.	:	2024-03-0339					