



Republic of the Philippines
Government of Ormoc City
BIDS AND AWARDS COMMITTEE
Ormoc City

CHD

P.R. No.: 241276
Quotation No.: 243767-2174
PhilGEPs No.: _____

Standard Form Title: **REQUEST FOR QUOTATION**

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, stating the shortest time of delivery and submit your quotation duly signed by you or your authorized representative not later than _____.

KATHERYN A. SOLAÑA
PROCUREMENT OFFICER

NOTE: (1) ALL ENTRIES MUST BE TYPEWRITTEN OR LEGIBLY WRITTEN.
(2) DELIVERY PERIOD WITHIN 25 C.D. UPON RECEIPT OF THE APPROVED FUNDED PURCHASE ORDER (P.O.). Administrative penalties pursuant to Sec. 69 of the Revised IRR-RA 9184 shall be for a minimum for non-delivery without valid reason.
(3) WARRANTY SHALL BE FOR A PERIOD OF THREE (3) MONTHS OF SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE

OF ACCEPTANCE BY THE END-USER. (4) PRICE VALIDITY SHALL BE FOR A PERIOD OF SIXTY (60) DAYS. (5) G-EPS REG NO., MAYORs PERMIT, DTI/SEC, AND FOR ABC's ABOVE 500K - ITR & OMNIBUS SWORN STATEMENT SHALL BE ATTACHED UPON SUBMISSION (6) BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCTS IF APPLICABLE. (7) THE **APPROVED BUDGET CEILING** FOR THIS PROCUREMENT IS (amount indicated below)
Php 999,640.00

	Activities	Schedule	
		FROM	TO
1	Issuance of Canvass	Monday April 22, 2024	Thursday April 25, 2024
2	Submission of Canvass	Friday April 26, 2024	10:00 AM
3	Opening of Canvass	Friday April 26, 2024	2:00 PM

#	Item and Description	QTY	UNIT COST	TOTAL
1	Atropine Sulfate 1mg/ml, 1ml ampule	10 amp		
2	Tranexamic Acid 100 mg/ml, 2.5ml ampule	10 ampule		
3	Itraconazole 100 mg, capsule 100s box	30 box		
4	Isoniazid 300mg tablet, 100s box	10 box		
5	Pyrazinamide 500mg tablet, 100s box	10 box		
6	Rifampicin 450mg. 100s box	10 box		
7	Ethambutol 400mg tablet 100s	10 box		
8	Olanzapine 10mg tablet 100s box	70 box		
9	Valproic Acid 500 mg Tablet, 100s box	70 box		
10	Clozapine 100mg Tablet, 100s/box	70 box		
11	Cetirizine 10mg tablet 100s	100 box		
12	Lagundi 300mg tablet 100s in tinfoil box	520 box		
13	Lagundi 600mg tablet, 100s box	255 box		
	Note:			
	*Expiration date must be atleast 18months and above			
	*Upon delivery of the product CPR's must be attached			
	*If there is a variation in the product it must be FDA approved.			
	-x-x-x-x-x-x-x- NOTHING FOLLOWS -x-x-x-x-x-x-x-			
GRAND TOTAL >>>				

Brand and Model : _____ Warranty : _____
Delivery Period : _____ Price Validity : _____

After having carefully read and accepted your Conditions, I/We quote you on the item at prices noted above and hereby commit to deliver the same if adjudged to have the lowest and responsive quotation.

Business Name

Printed Name/Signature/Date

2024-04-241276

