

CHD

P.R. No.:

241575

Quotation No.:

244015-2298

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, stat	ting the
shortest time of delivery and submit your quotation duly signed by you or your authorized representative not later than _	
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KATHER A. SOLAÑA
PROCUREMENT OFFICER

NOTE: (1) ALL ENTRIES MUST BE TYPEWRITTEN OR LEGIBLY WRITTEN.

(2) DELIVERY PERIOD WITHIN 30 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 <u>APPROVED BUDGET CEILING</u> FOR THIS PROCUREMENT IS (amount indicated below)

Php 910,000.00

	Sche	edule
Activities	FROM	ТО
1 Issuance of Canvass	Wednesday May 22, 2024	Monday May 27, 2024
2 Submission of Canvass	Tuesday May 28, 2024	10:00 AM
3 Opening of Canvass	Tuesday May 28, 2024	2:00 PM

Opening of Canvass			
Item and Description	QTY	UNIT COST	TOTAL
	300 vial		
Anti-Toxin, Anti Tetanus Serum 1,500 IU	500 amp		
Tetanus Toxoid 0.5ml Vaccine, Ampule	1000 ampule		
Note:			
* 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- NOTHING FOLLOWS -x-x-x-x-x-x-			
		GRAND TOTAL >>>	
	Item and Description ARV(Rabies Chick Embryo Cell Purified Inactivated 2.5IU/ml, 1Dose+1ml D (1Dose + 1ml Diluent), vial Anti-Toxin, Anti Tetanus Serum 1,500 IU Tetanus Toxoid 0.5ml Vaccine, Ampule 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-x-x-x-x-x-x-x-x-x-x-x-x	Item and Description QTY	Item and Description ARV(Rabies Chick Embryo Cell Purified Inactivated 2.5IU/ml, 1Dose+1ml D (1Dose + 1ml Diluent), vial Anti-Toxin, Anti Tetanus Serum 1,500 IU Tetanus Toxoid 0.5ml Vaccine, Ampule 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-NOTHING FOLLOWS -x-x-x-x-x-x-x-

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Brand and Model :	Warranty:
Delivery Period :	Price Validity :
After having carefully read and accepted your Condit commit to deliver the same if adjudged to have the lowest a	ions, I/We quote you on the item at prices noted above and hereby nd responsive quotation.
	Business Name
2024-05-241575	Printed Name/Signature/Date

