



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

CHD

P.R. No.: 241776
Quotation No.: 244229-2405
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 500,000.00

	Activities	Schedule	
		FROM	TO
1	Issuance of Canvass	Tuesday July 09, 2024	Friday July 12, 2024
2	Submission of Canvass	Monday July 15, 2024	10:00 AM
3	Opening of Canvass	Monday July 15, 2024	2:00 PM

#	Item and Description	QTY	UNIT COST	TOTAL
1	Ascorbic Acid, 500mg tablet, 100s box	820 box		
2	Vitamin B Complex Tablet 100s (100mg + 5mg + 50mcg) (VIT. B1 100mg + B12 5mg + B6 50mcg)	50 box		
3	Cefexime 200mg capsule, 100s box	10 box		
4	Fluconazole 150mg cap 100s/box	10 box		
5	CEFTRIAXONE 1gm + 10ml Diluent vial	10 vial		
6	Penicillin G Benzathine (Benzathine Benzylpenicillin) 1,200,000 units Mod Modified Release Powder for Injection vial	21 vial		
	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

2024-07-241776

