

Office of the Vice President of the Philippines

REQUEST FOR QUOTATION

Reference No.: 2020-110
Posting Date: July 21, 2020

The Office of the Vice President (OVP), through its Administrative Division, will undertake a Small Value Procurement for the “*Supply and Delivery of Medicines*” in accordance with Section 53.9 of the Implementing Rules and Regulations of Republic Act No. 9184.

Name of Project : Supply and Delivery of Medicines
Approved Budget : Seven Thousand Pesos (P7,000.00)
for the Contract
Specifications : Please see attached Annex “A”
Delivery Address : 7th Floor Ben Lor Building, 1184 Quezon Avenue, Quezon City

Interested suppliers are required to submit the following documents:

1. Valid and current Mayor’s/Business Permit;
2. PhilGEPS Registration Certificate;
3. Certificate of Product Registration;
4. Compliance to the Technical Specifications (Annex “A”); and
5. Accomplished Price Quotation Form (Annex “B”).

Use of forms other than the attached OVP prescribed Price Quotation Form and Technical Specifications is not acceptable.

Submission of quotation and eligibility documents is on or before 9:00 a.m. July 24, 2020 at the Property and Procurement Unit, 7th Floor, Ben-Lor Building, 1184 Quezon Avenue, Quezon City. Submission of quotation and eligibility documents may be done manually, through facsimile at telefax no. 370-1716 local 128, or via email at bacsecretariat@ovp.gov.ph.

The OVP reserves the right to accept or reject any price quotation, to annul the procurement process, and to reject all price quotation at any time prior to contract award, without thereby incurring any liability to affected bidder/s or any person.

For inquiries, you may contact us at telephone number 370-1716 local 128 to 129.


SOFIA C. YANTO-ABAD
BAC Chairperson

TECHNICAL SPECIFICATIONS

Bidders must state "**Comply**" in the column "Statement of Compliance" against each of the individual parameters of each "Requirement." Please do **not** just place check in the bidder's "Statement of Compliance."

| Requirement | Statement of Compliance |
|--|-------------------------|
| Clonidine 75mg Tablet, 100 pcs/box | |
| Loratadine 10mg Tablet, 100 pcs/box | |
| Betahistine 16mg Tablet, 100 pcs/box | |
| Epinephrine for Injection 1mg/ml Bottle | |
| Syringe 1ml, 100 pcs/box | |
| Oral Rehydration Solution, 4.1g minimum, 25 sachets/box | |
| Celecoxib 200mg Capsule, 100 pcs/box | |
| Cotton Balls, 300 balls/pack | |
| Glucometer Strips (Compatible with Contour Plus), 50 pcs/box | |

I hereby certify to comply and deliver all the above Technical Specification.

Name of Company/Bidder

Signature over Printed Name

Date

PRICE QUOTATION FORM

Date

The Administrative Division

Office of the Vice President

7th Floor, Ben-Lor Building

1184 Quezon Avenue, Quezon City

Sir/Madam:

(1) After having carefully read and accepted the terms and conditions in the Request for Quotation (RFQ), hereunder is our quotation/s for the item/s as follows:

| Project | Item Description | Quantity | Unit | Unit Price | Total Price |
|---|---|----------|------|------------|-------------|
| Supply and Delivery of Medicines | Clonidine 75mg Tablet, 100 pcs/box | 1 | box | | |
| | Loratadine 10mg Tablet, 100 pcs/box | 1 | box | | |
| | Betahistine 16mg Tablet, 100 pcs/box | 1 | box | | |
| | Epinephrine for Injection 1mg/ml Bottle | 2 | amp | | |
| | Syringe 1ml, 100 pcs/box | 1 | box | | |
| | Oral Rehydration Solution, 4.1g minimum, 25 sachets/box | 5 | box | | |
| | Celecoxib 200mg Capsule, 100 pcs/box | 1 | box | | |
| | Cotton Balls, 300 balls/pack | 5 | pack | | |
| | Glucometer Strips (Contour Plus), 50 pcs/box | 2 | box | | |
| | Total (inclusive of VAT) | | | | |

(2) We undertake to deliver above goods per technical specifications within five (5) calendar days from receipt of purchase order; and

(3) We agree to abide by this quotation/bid for a period of sixty (60) days after the date of deadline of submission specified in your RFQ.

(Amount in Words)

The above-quoted prices are inclusive of all costs and applicable taxes.

Very truly yours,

Name/Signature of Representative

Name of Company

Contact Number