

Republic of the Philippines
Province of Davao Oriental
CITY OF MATI

REQUEST FOR QUOTATION

Date: 15 August 2013
RFQ No.: 110

Name of Company: _____

Address: _____

Business Permit No.: _____

TIN No.: _____

Please quote your best offer for the item/s described below, subject to the Terms and Conditions provided at the dorsal portion of this request for quotation. Submit your quotation duly signed by you or your duly representative not later than **21 August 2013**.

Open quotations may be submitted, manually or through facsimile or email at the address and contact numbers indicated below.

MARIA LUISA R. COMO
City General Services Officer
Head, BAC Secretariat

After having carefully read and accepted the Terms and Conditions, I/we submit our quotation/s for the item/s as follows:

PR No. 3970
SP-Miones

ITEM DESCRIPTION	Quantity (QTY)	Approved Budget of the Contract	OFFER				
			PRICE		Compliance with Technical Specifications		REMARKS
			Unit Price	Total Price	Yes	No	
Medicines/Assistance for Indigent Patients		P 11,700.00					
1. Amoxicillin 500mg	50 Tab				<input type="checkbox"/>	<input type="checkbox"/>	
2. Ampicillin 1g	20 Vial				<input type="checkbox"/>	<input type="checkbox"/>	
3. Azithromycin 500mg	20 Tab				<input type="checkbox"/>	<input type="checkbox"/>	
4. Cefactor 500mg	40 Cap				<input type="checkbox"/>	<input type="checkbox"/>	
5. Cefixime 200mg	40 Cap				<input type="checkbox"/>	<input type="checkbox"/>	
6. Cefuroxime 500mg	20 Tab				<input type="checkbox"/>	<input type="checkbox"/>	
7. Cefuroxime 750mg	10 Vial				<input type="checkbox"/>	<input type="checkbox"/>	
8. Celecoxib 200mg	50 Cap				<input type="checkbox"/>	<input type="checkbox"/>	
9. Cotrimoxazole 800mg	100 Cap				<input type="checkbox"/>	<input type="checkbox"/>	
10. Erythromycin 500mg	50 Tab				<input type="checkbox"/>	<input type="checkbox"/>	
11. Ferrous Sulfate	100 Cap				<input type="checkbox"/>	<input type="checkbox"/>	
12. Multivitamins + Iron Cap	100 Cap				<input type="checkbox"/>	<input type="checkbox"/>	
13. Paracetamol + Tamadol 325mg	75 Tab				<input type="checkbox"/>	<input type="checkbox"/>	
14. Paracetamol 500mg	200 Tab				<input type="checkbox"/>	<input type="checkbox"/>	
15. Ranitidine 300mg	95 Tab				<input type="checkbox"/>	<input type="checkbox"/>	
16. Salbutamol 2mg	100 Tab				<input type="checkbox"/>	<input type="checkbox"/>	

Signature over Printed Name

Canvasser

Contact Numbers (Landline and/or
Cellphone Nos.)/E-mail address

TERMS AND CONDITIONS:

1. Bidders shall provide correct and accurate information required in this form.
2. Bidders may quote for any or all the items.
3. Price quotation/s must be valid for a period of *Thirty (30) calendar days* from the date of submission.
4. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.
5. Quotations exceeding the Approved Budget for the Contract shall be rejected.
6. Award of contract shall be made to the lowest quotation (for goods and infrastructure) or, the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
7. Any interlineations, erasures or overwriting shall be valid only if they are signed or initiated by you or any of your duly authorized representative/s.
8. The item/s shall be delivered within ten (10) calendar days from receipt of purchase order.