

Republic of the Philippines
Municipality of Lingayen
Lingayen, Pangasinan

Municipality of Lingayen

Name of the Procuring Entity

Contract Reference Number:

Name of Project: Procurement of Covid-19 Antigen test and Kits at GSO,
Lingayen, Pangasinan
ABC: P 535,998.00

Date: _____

Quotation No: _____

The Manager

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 your representative not later than June 09, 2021 in the return envelope attached herewith.

LARRY B. FLORES
Municipal GSO

1. ALL ENTRIES MUST BE TYPEWRITTEN
2. DELIVERY PERIOD WITHIN (30) CALENDAR DAYS
3. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY
4. PRICE VALIDITY SHALL BE FOR A PERIOD OF _____ CALENDAR DAYS
5. PAYMENT SHALL BE MADE THRU CHECKS _____ DAYS AFTER THE DELIVERY, AND SHALL BE CLAIMED PERSONALLY AT THE OFFICE OF THE MUNICIPAL TREASURER
6. G-EPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION
7. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED.

Item No.	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL PRICE
1	Covid-19 Antigen <i>Specifications:</i> Test time: 15 minutes Nasal swab vs. Nasal PCR: Sensitivity 98.1% (99.0% for samples with Ct values ≤ 33) Specificity: 99.8% Nasal swab vs. Nasopharyngeal PCR: Sensitivity: 91.1% (94.1% / Specificity 99.7% Nasopharyngeal swab vs nasopharyngeal PCR: Sensitivity: 91.4% (94.1% for samples with Ct values ≤ 33)/ Specificity 99.8% Storage: 2°C- 30°C CE MARK WHO EUL Sample type: Nasal or Nasopharyngeal swab	517 pieces		
2	Covid-19 Kit <i>Contents and specifications:</i> 1 bottle Alcohol, 70% solution, 250ml 20pcs Paracetamol, tablet, 500mg 30pcs Multivitamins, capsule, 500mg 15pcs Lagundi, tablet, 300mg <i>*packed in a pouch, clear, thick, size 8" x 10"</i>	600 pack		
TOTAL -----				

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

After having carefully read and accepted your General Conditions, I/We quote you on the item at prices noted above.

Printed Name/Signature

Tel. No./Cellphone No. E-mail address

Philgeps Registration No.

Date