

Republic of the Philippines
Municipality of Lingayen
Lingayen, Pangasinan

Name of Project: Procurement of Medicines to
be used for the implementation of Tuberculosis
Prevention and Control Program
ABC: P50,732.00

Date: _____
Quotation No: _____

The Manager

Please quote your lowest price on the item/s listed below, stating the shortest time of delivery and submit your quotation
duly signed not later than July 10, 2023. Late submission shall not be accepted.

DR. HEINRICH MANUEL
MHO

- IMPORTANT:**
- 1. DELIVERY PERIOD IS FIFTEEN (15) CALENDAR DAY**
 - 2. 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**
 - 3. PAYMENTS SHALL BE MADE THRU CHEQUE WITHIN FIFTEEN (15) DAYS AFTER THE DELIVERY, AND SHALL BE CLAIMED PERSONALLY AT THE OFFICE OF THE MUICIPAL TREASURER**
 - 4. THE PRICE OFFERED SHALL NOT BE SUBJECT TO ANY INCREASE FOR WHATEVER REASON INCLUDING IN CASES OF DEVALUATION/INFLATION DURING THE ENTIRE DURATION OF THE CONTRACT**
 - 5. PRICE SHALL BE INCLUSIVE OF VAT**
 - 6. THE QOUTATION SHALL NOT BE CONSIDERED UNLESS IT IS PROPERLY SIGNED BY THE AUTHORIZED REPRESENTATIVE.**
 - 7. BIDDER’S MUST SUBMIT THE FF. REQUIREMENTS**
 - A. VALID AND CURRENT MAYOR’S PERMIT**
 - B. VALID AND CURRENT PHILGEPS CERTIFICATE**
 - C. LATEST INCOME/BUSINESS TAX RETURN**
 - D. BIR CERTIFICATE OF REGISTRATION**
 - 8. COMPLETELY FILL OUT THE PRICE QUOTATION FORM, TECHNICAL SPECIFICATION/BRAND (IF APPLICABLE), UNIT/TOTAL PRICE AND SUPPLIER/BIDDER’S INFORMATION. DO NOT FORGET TO SIGN THE PRICE QUOTATION FORM. FAILURE TO FOLLOW THE STANDARD FORMAT OF QUOTATION IS A GROUND FOR DISQUALIFICATION.**
 - 9. A BIDDER WHO SUBMITS A QUOTATION IS REQUIRED TO DOWNLOAD THIS RFQ FROM THE PHILGEPS WEBSITE BEFORE THE CLOSING DATE FOR INCLUSION IN THE PHILGEPS DOCUMENT REQUEST LIST (DRL).**
 - 10. DOWNLOADED QUOTATION MUST BE SUBMITTED THRU FAX, EMAIL OR DIRECTLY TO THE BAC SECRETARIAT ON OR BEFORE THE CLOSING DATE OF BID NOTICE ABSTRACT**

Item No.	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL PRICE
1	Multivitamins capsule, 100caps/box	58 box		
2	Vitamin B complex, 100pcs/box	59 box		
TOTAL				

Printed Name/Signature

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

PhilGEPS Registration No.

Date

