Republic of the Philippines
Municipality of Lingayen
Lingayen, Pangasinan

Name of Project: Procurement of medicine for tuberculosis prevention and control to be delivered at Municipal Health Office, Lingayen, Pangasinan
ABC: P 69,120.00

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 October 31, 2023. Late submission shall not be accepted.

DR. HEINRICH MANUEL
Municipal Health Officer

IMPORTANT:
1. DELIVERY PERIOD IS SEVEN (7) 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 AUTHORIZE REPRESENTATIVE.
7. BIDDER'S MUST SUBMIT THE FF. REQUIREMENTS
- **A. VALID AND CURRENT MAYOR**
- **B. VALID AND CURRENT PHILGEPS CERTIFICATE**
- **C. LATEST INCOME/BUSINESS TAX RETURN**
- **D. BIR CERTIFICATE OF REGISTRATION**
- **E. NOTARIZED OMNIBUS SWORN SATEMENT**

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
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	Rifampicin+Isoniazid+Pyrazinamide+Ethambutol Hydrocloride (150mg/75mg/400mg/275mg, film coated tablet, 80 pcs/box **Minimum requirement: supplier must be Food and Drug Administration (FDA) Licensed/Accredited Drug Distributor **Expiry period for all medicines: atleast eighteen (18) months	54 boxes		
TOTAL				

_____
Printed Name/Signature

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

_____
PhilGEPS Registration No.

_____
Date