Republic of the Philippines
Province of Pangasinan
Municipality of Lingayen

Name of Project: Procurement of medical supplies
ABC: P 315,982.50

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 November 25, 2025_. Late submission shall not be accepted.

DR. HEINRICH M. MANUEL
Municipal Health Officer

IMPORTANT INSTRUCTIONS:

1. **DELIVERY PERIOD IS SEVEN (7) CALENDAR DAYS**
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 MUNICIPAL 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 QUOTATION 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'S PERMIT**
   - **B) VALID AND CURRENT PHILGEPS CERTIFICATE**
   - **C) LATEST INCOME/BUSINESS TAX RETURN**
   - **D) BIR CERTIFICATE OF REGISTRATION**
   - **E) NOTARIZED OMNIBUS SWORN STATEMENT**
8. **COMPLETELY FILL OUT THE PRICE QUOTATION FORM, TECHNICAL SPECIFICATION/BRAND (IFAPPLICABLE), UNIT/TOTAL PRICE AND SUPPLIER/BIDDER'S INFORMATION. DO NOT FORGET TO SIGN THE PRICE QUOTATION FORM. FAILURE TO FOLLOW THE THAT STANDARD FORMAT OF QUOTATION IS A GROUND FOR DISQUALIFICATION.**
9. **DOWNLOADED QUOTATION MUST BE SUBMITTED THRU FAX, EMAIL OR DIRECTLY TO THE BAC SECRETARIAT ON OR BEFORE THE CLOSING DATE OF BID NOTICE ABSTRACT**
10. **ALL THE INTERESTED SUPPLIERS WITH INCOMPLETE REQUIREMENTS WILL BE AUTOMATICALLY DISQUALIFIED.**

Item No.	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL PRICE
1	Tetanus toxoid 40 IU/0.5ml vaccine, 10/box	150 boxes		
2	Aneroid Sphygmomanometer Blood Pressure Monitoring with Stethoscope (gauze, cuff, pump bulb & carry case, cuff size 25.4 cm-40.6 cm, gauze-0-300mmHg gauze scale grading 2mmHg, latex free, adult size	20 pieces		
3	Blood glucose strips, Easy touch, 25/box	121 boxes		
4	Absorbent cotton, 400 grams	81 rolls		
5	Face mask, disposable, 50pcs/box	165 boxes		
6	Isopropyl Alcohol 70% solution	100 gallons		
	---nothing follows---			
	***Minimum Requirement: Supplier must be Food and Drug Administration (FDA) Licensed/Accredited Medical Supplies and Drug Distributor* ***Expiry period for all medicines and medical supplies: at least Eighteen (18) months*			

_____
Printed Name/Signature

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

_____
PhilGEPS Registration No.

_____
Date