Republic of the Philippines
Province of Pangasinan
Municipality of Lingayen

Name of Project: Procurement of medicines to be delivered at GSO, Lingayen, Pangasinan
ABC: P 120,530.00

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 March 24, 2025_. Late submission shall not be accepted.

DR. HEINRICH M. MANUEL
Municipal Health Officer

IMPORTANT INSTRUCTIONS:

1. **DELIVERY PERIOD IS FIFTEEN (15) 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. **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**
11. **ALL THE INTERESTED SUPPLIERS WITH INCOMPLETE REQUIREMENTS WILL BE AUTOMATICALLY DISQUALIFIED.**

Item No.	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL PRICE
	Procurement of medicines			
1	Clozapine, 100mg tablet, 100/box	36 boxes		
2	Escitalopram, 10mg tablet, 14/box	46 boxes		
3	Sodium Valproate, Valproic acid, 500mg tablet, 30/box	75 boxes		
4	Rifampicin+Isoniazid (150mg/75mg, film coated tablet, 80/box)	42 boxes		
5	Multivitamins capsule, 100/box	60 rolls		
6	Rifampicin+Isoniazid+Pyrazinamide+Ethambutol hydrochloride (150mg/75mg/400mg/275mg, film coated tablet, 80pcs/box)	42 boxes		
7	Vitamin B1+B12+B6, 100mg+5mg+50mcg tablet, 100/box *----nothing follows----* **Minimum Requirement: Supplier must be Food and Drug Administration (FDA) Licensed/Accredited Drug Distributor ** Expiry period for all medicines: at least Eighteen (18) months	61 boxes		
			TOTAL	

_____
Printed Name/Signature

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

_____
PhilGEPS Registration No.

_____
Date