

Republic of the Philippines
Province of Davao del Norte
BIDS AND AWARDS COMMITTEE
Government Center, Mankilam, Tagum City

Quotation No. : C20212896

Date : June 25, 2021

Page : 1

PR Number : 2106-3308

PURSUANT TO THE PERTINENT PROVISION OF REPUBLIC ACT NO. 9184 AND ITS IMPLEMENTING RULES AND REGULATIONS, PLEASE QUOTE YOUR UNIT, TOTAL AND GRAND/LOT PRICE OF THE ITEMS LISTED HEREUNDER, WHICH THE PROVINCE OF DAVAO DEL NORTE DESIRES TO PURCHASE. SHOULD THE BIDS AND AWARDS COMMITTEE FIND YOUR PRICE REASONABLE, RESPONSIVE AND LOWEST IN THE MARKET, YOU WILL BE OFFICIALLY NOTIFIED AS TO THE DATE OF DELIVERY. IN CASE THERE IS A FAILURE OF DELIVERY AND/OR LATE DELIVERIES, LIQUIDATED DAMAGES SHALL BE IMPOSED AND BE CHARGED AGAINST YOUR PRESENT OR FUTURE TRANSACTIONS. THE PROVINCIAL GOVERNMENT OF DAVAO DEL NORTE RESERVES THE RIGHT TO ACCEPT OR REJECT ANY BID, TO ANNUL THE BIDDING PROCESS, AND TO REJECT ALL BIDS ANY TIME PRIOR TO CONTRACT AWARD, WITHOUT THEREBY INCURRING ANY LIABILITY TO THE AFFECTED BIDDER/S.

Item No.	Qty./Unit	Item	Quotation	
			Unit Price	Total Amount
1	5 PCS	INTRAOCULAR LENS PMMA, UV ABSORBING OPTIC POWER 16.50	_____	_____
2	5 PCS	INTRAOCULAR LENS PMMA, UV ABSORBING OPTIC POWER 17.50	_____	_____
3	5 PCS	INTRAOCULAR LENS PMMA, UV ABSORBING OPTIC POWER 18.50	_____	_____
4	5 PCS	INTRAOCULAR LENS PMMA, UV ABSORBING OPTIC POWER 19.50	_____	_____
5	5 PCS	INTRAOCULAR LENS PMMA, UV ABSORBING OPTIC POWER 20.50	_____	_____
6	5 PCS	INTRAOCULAR LENS PMMA, UV ABSORBING OPTIC POWER 21.50	_____	_____
7	5 PCS	INTRAOCULAR LENS PMMA, UV ABSORBING OPTIC POWER 22.50	_____	_____
8	5 PCS	INTRAOCULAR LENS PMMA, UV ABSORBING OPTIC POWER 23.0	_____	_____
9	5 PCS	INTRAOCULAR LENS PMMA, UV ABSORBING OPTIC POWER 24.0	_____	_____
10	5 PCS	INTRAOCULAR LENS PMMA, UV ABSORBING OPTIC POWER 25.0	_____	_____
11	5 PCS	INTRAOCULAR LENS PMMA, UV ABSORBING OPTIC POWER 26.0	_____	_____
12	5 PCS	INTRAOCULAR LENS PMMA, UV ABSORBING OPTIC POWER 27.0	_____	_____
13	2 BOX	STERI-STRIP ADHESIVE SKIN CLOSURE	_____	_____
14	2 BOX	STERILE EYE PATCH	_____	_____
15	48 PCS	ETHILON 10.0 W/NEEDLE EYE SUTURE	_____	_____
16	48 PCS	MANI NYLON 10.0 W/NEEDLE EYE SUTURE	_____	_____
17	10 SET	CRESCENT KNIFE (YELLOW COLOR)	_____	_____

Remarks : **NOTE:**

1. ATLEAST TWO (2) YEARS EXPIRATION DATE FROM THE TIME OF DELIVERY.

2. NO PARTIAL DELIVERIES.

FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITAL (MEDICAL SUPPLIES USED FOR CATARACT SURGERY)

Approved Budget for the Contract : P 152,400.00

PLACE OF DELIVERY : DAVNOR PHARMACY

DATE OF OPENING OF CANVASS: July 02, 2021TIME OF OPENING OF CANVASS: 09:00:00 AM

VERY TRULY YOURS,

SUPPLIERS MUST SPECIFY/INDICATE BRAND NAMES UPON QUOTATION
Failure to specify, may be a ground for disqualification.

ENGR. GLENN A. OLANDRIA
(Provincial Engineer)
BAC CHAIRPERSON

I HEREBY CERTIFY:

- 1) THE ABOVE PRICES OF THE ITEMS HEREIN DESCRIBED ARE CURRENT AND VALID FOR 120 DAYS FROM DATE OF THE OPENING OF CANVASS.
- 2) IN CASE THE PROVINCE OF DAVAO DEL NORTE WILL OFFICIALLY NOTIFY THAT THE ITEMS WILL BE PROCURED FROM MY/OUR ESTABLISHMENT, THE STOCKS ARE READILY AVAILABLE OFF-THE-SHELF.

NAME OF ESTABLISHMENT _____

ADDRESS _____

Please check whether VAT or Non-VAT V.A.T. Non-V.A.T.

PhilGEPS Registration No.: _____

T.I.N. No. _____ TEL./FAX No. : _____

SIGNATURE

PRINTED NAME

CANVASS BY: _____

Signature Over Printed Name

POSITION

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3. WINNING SUPPLIER MUST PROVIDE A CERTIFICATE OF PRODUCT REGISTRATION (CPR) FOR THE ITEMS # 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 AND 12 UPON DELIVERY.

4. TOTAL LOT AWARDING.

5. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.

6. THE SUPPLIER SHOULD INFORM THE R.O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

ALL ITEMS TO BE CHARGED TO THE THREE (3) DDN HOSPITAL MOOE UNDER MEDICAL, DENTAL AND LABORATORY SUPPLIES ACCOUNT.

***KAPALONG - P50,800.00**

***CARMEN - P50,800.00**

***IGACOS - P50,800.00**

* * * GRAND/LOT PRICE : P _____

Terms and Condition :

The following documentary requirements shall be submitted together with the Price Quotation Form or Canvass as requisite for award:

- a) Mayor's/Business Permit
- b) PhilGEPS Registration Number

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ADDRESS _____

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T.I.N. No. _____ TEL./FAX No. : _____

SIGNATURE

PRINTED NAME

CANVASS BY: _____

Signature Over Printed Name

POSITION