

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

Quotation No. : C20214052

Date : August 27, 2021

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PR Number : 2108-4351

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	30 BOX	BIPERIDEN HCL 2MG 100'S	_____	_____
2	15 BOX	RISPERIDONE 2MG 100'S	_____	_____
3	15 BOX	HALOPERIDOL 5MG 100'S	_____	_____
4	524 AMP	FLUPHENAZINE DECOANATE 25MG/10ML VIALS	_____	_____
5	20 BOX	LEVOMEPRMAZINE 100MG 100'S	_____	_____
6	20 BOX	CHLORPROMAZINE 200MG 100'S	_____	_____
7	20 BOX	LITHIUM CARBONATE 450MG 100'S	_____	_____
8	6 BOX	DIPHENHYDRAMINE 50MG/ML,1ML AMPULE 10'S	_____	_____

Remarks : **-ALL BIDDERS MUST SPECIFY/INDICATE BRAND NAME OF THEIR PRODUCTS**  
**-ALL BIDDERS ARE REQUIRED TO ATTACH CPR**  
**-TO BE DELIVERED 10 CALENDAR DAYS UPON RECEIPT OF P.O**  
**-NO PARTIAL DELIVERY IS ACCEPTED & NO REQUEST FOR**

FOR USE OF MENTAL HEALTH PROGRAM

Approved Budget for the Contract : P 381,095.00

PLACE OF DELIVERY : PGSO Warehouse

DATE OF OPENING OF CANVASS: September 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.**

**THE WINNING BIDDER SHALL BE REQUIRED TO SUBMIT A WARRANTY**  
**SECURITY/CERTIFICATE DURING DELIVERY OF THE ITEM.**

**DENNIS B. DEVILLERES,LL.B**  
(P.G.DEPT.HEAD-PEEDO)

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  V.A.T.  
or Non-VAT  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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**EXTENTION BE GRANTED**  
**- TO BE AWARDED IN LOT PRICE BASIS**  
**-WINNING BIDDERS WILL BE THE ONE TO SHOULDER THE PAYMENT FOR BFAD SAMPLING**  
**-ALL DELIVERED SUPPLIES MUST BE AT LEAST 1 YEAR OR MORE PRIOR TO ITS EXPIRY DATE**

\* \* \* 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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PhilGEPS Registration No.:

T.I.N. No. \_\_\_\_\_ TEL./FAX No. : \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

CANVASS BY: \_\_\_\_\_

Signature Over Printed Name

\_\_\_\_\_  
POSITION