

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

Quotation No. : C20214056

Date : August 27, 2021

Page : 1

PR Number : 2108-4350

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	50 BOX	TAMSULOSIN HYDROCHLORIDE 400MCG(ALPHA-ADRENOCEPTOR BLOCKER) 100'S	_____	_____
2	20 BOX	TAMSULOSIN HYDROCHLORIDE 200MCG(ALPHA-ADRENOCEPTOR BLOCKER)100'S	_____	_____
3	3 BOX	FINASTERIDE 5MG(5- ALPHA REDUCTASE INHIBITOR)100'S	_____	_____
4	3 BOX	FINASTERIDE 10MG(5- ALPHA REDUCTASE INHIBITOR)100'S	_____	_____
5	10 BOX	CAPTOPRIL 25MG 100'S	_____	_____
6	10 BOX	AMLODIPINE 5MG 100'S	_____	_____
7	20 BOX	LOSARTAN 50MG 100'S	_____	_____
8	10 BOX	LOSARTAN 100MG 100'S	_____	_____
9	10 BOX	GLICLAZIDE MR 60MG	_____	_____

FOR USE OF CLIENTS WITH PROSTATE PROBLEM AND FOR USE DENTAL PROGRAM.

Approved Budget for the Contract : P 399,980.00

PLACE OF DELIVERY : PGSO Warehouse

DATE OF OPENING OF CANVASS: September 02, 2021

TIME 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

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Item No.	Qty./Unit	Item	Quotation	
			Unit Price	Total Amount
10	50 BOX	AMOXICILLIN TRIHYDRATE 250MG CAP 100'S	_____	_____
11	60 BOX	AMOXICILLIN TRIHYDRATE 500MG CAP 100'S	_____	_____
12	76 BOX	AMOXICILLIN TRIHYDRATE 250MG SUSP.	_____	_____
13	18 BOX	CLINDAMYCIN 300MG CAP 100'S	_____	_____
14	4 BOX	CO-AMOXICLAV 625MG TAB	_____	_____
15	161 BOT	IBUPROFEN 100MG/5ML/60ML SUSP.	_____	_____
16	25 BOX	IBUPROFEN 400MG CAP 100'S	_____	_____
17	35 BOX	BRANDED MEFENAMIC ACID 500MG CAP 100'S	_____	_____
18	57 BOX	BRANDED MEFENAMIC ACID 250MG CAP 100'S	_____	_____
19	150 BOT	PARACETAMOL 250MG/5ML/60ML SYRUP	_____	_____
20	60 BOX	PARACETAMOL 500MG TAB 100'S	_____	_____

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Item No.	Qty./Unit	Item	Quotation	
			Unit Price	Total Amount
21	9 BOX	TRANEXAMIC ACID 500MG CAP 100'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 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
-CHARGEABLE AGAINST MALE REPRODUCTIVE HEALTH AND DENTAL PROGRAM

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Item No.	Qty./Unit	Item	Quotation	
			Unit Price	Total Amount

* * * 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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