



Republic of the Philippines
PROVINCE OF BENGUET
 La Trinidad



BIDS AND AWARDS COMMITTEE (BeGH)
(DRUGS AND MEDICINES / MEDICAL SUPPLIES)

Bid Solicitation No.: SVP-2022-0064
 Purchase Request No.: 2022-01-022

March 17, 2022
 Date

MEMORANDUM TO:

Mr./Ms.: _____
 (Canvasser)

Kindly provide appropriate dealers/ establishments copy of the attached request for quotation and/or solicitation to Bid for the Purchase of Pharmacy Supplies with an ABC of 331,500.00

to be used by BeGH - PHARMACY Their quotation /Bids shall be opened on MARCH 30, 2022

NAME OF ESTABLISHMENT	ADDRESS	RECEIVED		
		Name	Signature	Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				


ATTY. BRIAN J. CRISPIN
 Chairperson

CERTIFICATION

The undersigned, hereby jointly and severally certify to have given each of the above dealers / establishments a copy of the solicitation / bid papers and that no one, only those indicated above, failed to submit their quotations before the time of opening the same.

CANVASSER/S:

Signature over printed name/s



Purchase Request Number: **2022-01-022**
 Name of the Project: **Purchase of Pharmacy Supplies**
 Location of the Project: **BeGH - PHARMACY**

Date: **March 17, 2022**
 Quotation No.: **SVP-2022-0064**
 FURS No.: **2022-02-009**

REQUEST FOR QUOTATION

Sir/Madam:

Kindly indicate your price quotation/s for the item/s listed below taking into consideration the specifications; submit this document duly signed by you or your authorized representative, to this office not late **9:00 am** on **WEDNESDAY** **MARCH 30, 2022** at the **BAC HEALTH, 1st Floor, Benguet General Hospital, La Trinidad, Benguet**.

Indicate also the shortest delivery period should you opt to. You may fax your quotations through Telefax No. 074-422-55-06 or thru e-mail at begh.bac@benguet.gov.ph

We may purchase the item/s from your company if the found to be reasonable and advantageous to the Benguet General Hospital, but we reserve the right to accept or reject the offer or all quotations not found in order.

Thank you very much.

ATTY. BRIAN J. CRISPIN
 Chairperson

INSTRUCTIONS:

"PLEASE SEAL YOUR QUOTATIONS"

1. All entries must be Typewritten or handwritten (Please write legible and no use of pencil).
2. Delivery period within **14** (supplies, drugs and medicines, etc.) / **45** (Equipment) Calendar Days.
3. Warranty shall be for a period of **three (3) months** for supplies and materials and **one (1) year** for equipment reckoned from the date of acceptance by procuring entity.
4. Price validity shall be for a period of **120 calendar days**.
5. Photocopy (Stamp "CERTIFIED TRUE COPY OF THE ORIGINAL" with name and signature) of the following requirements to be submitted after opening and upon notification from the BAC.
 - a. Mayor's/ Business Permit.
 - b. PhilGEPS Registration No.
 - c. Submit original copy of complete (paragraph 1 to 10) Omnibus Sworn Statement (in addition to requirements a and b if the awarded item/s is above Php 50, 000.00).
 - d. Income / Business Tax Return (in addition to requirements a, b, and c if the awarded item/s is above PhP 500, 000).
 - e. Valid and current Certificate of Product Registration (CPR) issued by FDA of the DOH: if applicable
 - f. Brochure for Medical equipment: if applicable
 - g. Material Data Safety Sheet for Laboratories, Reagennts: if applicable
6. The procuring entity reserves the right to waive any defects in the tender or offer as the right to accept the bid most advantageous to the provincial
7. **ALL ERASURES SHOULD BE COUNTERSIGNED.**

Item No.	QTY	UNIT of ISSUE	ABC	ITEM & DESCRIPTION (SPECIFICATIONS)	BRAND/ OFFER/ COMPLIANCE TO SPECIFICATIONS	UNIT PRICE	PRICE VALIDITY	DELIVERY PERIOD	TOTAL AMOUNT
			UNIT PRICE						
8	500	pack	130.00	Fusidate Sodium / Fusidic Acid 2% (sterile gauze impregnated w/ 1.5g of 2% ointment in single unit foil sachet) (as sodium)					65,000.00
10	100	piece	105.00	Hydrocolloid controlled gel formula dressing extra thin, 4x4 in (10x10 cm) by intended for the management of superficial, dry to lightly exudating dermal ulcers, post-operative wounds, protective dressing					10,500.00
11	50	piece	1,420.00	Hydrofiber dressing with Ionic Silver 15x15 cm					71,000.00
14	200	tube	385.00	Stomahesive flexible wafer with drainable pouch (transparent or opaque) with clip, size 57 mm, used for the management of ostomies through the collection of stomal effluent, semi liquid or solid tools					77,000.00
15	36	piece	700.00	Suture, 5.0, Monofilament, non-absorbable with indefinite breaking strength retention, no control release, length of 30"/75cm, polypropylene, double armed needle; the needle is taperpoint, C-1, curvature fraction is 3/8c of 13mm length, alloy tungsten					25,200.00
16	36	piece	1,100.00	Suture, Monofilament Polypropylene 3-0, non-absorbable w/ (30", 75cm, 17mm 1/2 circle taper, double arm) needle is sharp enough to penetrate and carry suture through tissue with minimal resistance, rigid to resist bending yet ductile to resist breaking, stable in the grasp of the needleholder, suture is not easily detached from needle					39,600.00
17	120	piece	120.00	Suture, Silk 1, braided non-absorbable, w/ (30", 75cm, 40mm 1/2 circle taper) needle, needle is sharp enough to penetrate and carry suture through tissue with minimal resistance, rigid to resist bending yet ductile to resist breaking, stable in the grasp of the needleholder, suture is not easily detached from needle					14,400.00
18	240	piece	120.00	Suture, Silk 2/0, braided non-absorbable, 75cm in length with 26mm 1/2 circle taper needle, needle is sharp enough to penetrate and carry suture through tissue with minimal resistance, rigid to resist bending yet ductile to resist breaking, stable in the grasp of the needleholder, suture is not easily detached from needle					28,800.00
			BeGH - PHARMACY						
PURPOSE:		Request for medical supplies for Pharmacy use							331,500.00



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Date: **March 17, 2022**

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Quotation No.: **SVP-2022-0064**

Location of the Project: **BeGH - PHARMACY**

FURS No.: **2022-02-009**

CANVASSERS:

CERTIFICATION

I hereby certify that I have personally conducted this can and that the price/s quoted is/are true and correct and the signature of the Representative of the establishment who submitted the quotation/s is/are genuine.

After having carefully read and accepted your terms and conditions, I hereby submit the above quotations for your appropriate action.

(Name of Establishment per O.R. & address)

(Signature over Printed Name of Owner/Representative)

(Telephone/Cellphone Number or e-mail address)

PRINTED NAME & SIGNATURE OF AUTHORIZED CANVASSER

Date