



Republic of the Philippines
PROVINCE OF BENGUET
 La Trinidad
BIDS AND AWARDS COMMITTEE (BeCH)
(DRUGS AND MEDICINES / MEDICAL SUPPLIES)



Bid Solicitation No.: SVP 2022-0032
 Purchase Request No.: 2022-02-0387

February 17, 2022
 Date

MEMORANDUM TO:

Mr./Ms.: SALINIA L. CARBONEL
 (Canvasser)

Kindly provide appropriate dealers/ establishments copy of the attached request for quotation and/or solicitation to Bid for the Purchase of Amlodipine besilate 10 mg, scored etc. with an ABC of 998,116.00 to be used by PHO Their quotation /Bids shall be opened on Feb. 23, 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:

SALINIA L. CARBONEL
Signature over printed name/s



**BIDS AND AWARDS COMMITTEE (BACH)
(DRUGS AND MEDICINES / MEDICAL SUPPLIES)**

Purchase Request Number: **2022-02-0387**
Name of the Project: **Purchase of Amlodipine besilate 10 mg, scored etc.**
Location of the Project: **Provincial Health Office**

Date: **February 17, 2022**
Quotation No.: **SVP 2022-0032**
CAFOA No.: **100220100980**

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 later than **9:00 AM** on **WEDNESDAY** **FEB. 23, 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"**

- All entries must be Typewritten or handwritten (Please write legible and no use of pencil).
- Delivery period within 14 (supplies, drugs and medicines, etc.) / 45 (Equipment) Calendar Days.
- 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 the procuring entity.
- Price validity shall be for a period of **120 calendar days**.
- 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.
 - Mayor's/ Business Permit.
 - PhilGEPS Registration No.
 - 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).
 - Income / Business Tax Return (in addition to requirements a, b, and c if the awarded item/s is above PhP 500, 000).
 - Valid and current Certificate of Product Registration (CPR) issued by FDA of the DOH: if applicable
 - Brochure for Medical equipment: if applicable
 - Material Data Safety Sheet for Laboratories, Reagennts: if applicable
- 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 government.
- 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							
1	10000	tab	2.00	Amlodipine besilate 10 mg, scored						
2	10000	tab	2.00	Amlodipine besilate 5mg						
3	3000	tab	2.00	Aspirin 80mg coated						
4	6000	tab	18.00	Biperiden Hydrochloride 2mg						
5	1000	tab	2.00	Captopril 25mg						
6	4000	tab	3.00	Carvedilol 6.25mg						
7	1500	tab	6.00	Clonidine HCL 75 micrograms						
8	4000	tab	2.00	Clopidogrel 75mg						
9	1000	tab	11.50	Clozapine 100 mg						
10	40	bot	150.00	Dexamethasone 0.1% + Tobramycin 0.3% Eye Drops, Suspension, 5ml						
11	6000	tab	18.00	Divalproex Sodium 250 mg						
12	100	tab	5.00	Escitalopram 10 mg						
13	5000	tab	3.00	Gliclazide 30 mg						
14	5000	tab	3.00	Gliclazide 80 mg						
15	40	vial	155.00	Insulin, Biphasic Isophane Human 70/30 100 iu, 10 mL						
16	40	vial	115.00	Insulin, Regular 100iu/mL, 10mL						
17	500	tab	30.00	Lamogtrigine 100mg						
18	5000	tab	4.00	Losartan +Hydrochlorothiazide 50mg/12.5mg						
19	5000	tab	2.00	Losartan Potassium 50mg						
20	5000	tab	3.00	Metformin HCl 500mg						
21	144	bot	20.00	Metronidazole 125mg/5mL, 60mL suspension						
22	20	bot	140.00	Ofloxacin 0.3% eye drops, 5mL						
23	6500	tab	20.80	Olanzapine 10 mg						
24	4000	sachet	5.00	Oral Rehydration Salt (ORS-75 R) 250mL, 25's						
25	1000	cap	20.00	Phenytoin 100mg						
26	100	amp	195.00	Phenytoin 50mg/mL, 2mL						
27	1000	tab	36.00	Quetiapen 200mg						
28	6500	tab	8.00	Risperidone 2 mg						
29	1500	tab	22.00	Sertraline 50 mg						
30	5000	tab	3.00	Simvastatin 20mg						
31	6000	tab	5.00	Trimetazidine HCl 35mg						
32	60000	cap	3.50	Vitamin B-complex (100mg B1 + 5mg B6 + 50microgram B12)						
33	144	bot	33.00	Zinc 55mg/5mL, 60mL Syrup						
34	144	bot	36.00	Zinc 27.5mg/mL, 15mL, Oral Drops						
Provincial Health Office										
PURPOSE:	Drugs and Medicines for use of Provincial Health Office									998,116.00

CANVASSERS:

CERTIFICATION

I hereby certify that I have personally conducted this canvass 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.

SALINIA L. CARBONEL
PRINTED NAME & SIGNATURE OF AUTHORIZED CANVASSEER

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)

Date