



Republic of the Philippines  
**PROVINCE OF BENGUET**  
 La Trinidad



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

Bid Solicitation No.: SVP 2022-0038  
 Purchase Request No.: 2022-02-0441

February 18, 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 Azithromycin 500 mg etc. with an ABC of 196,100.00 to be used by PHO-RPRH Their quotation /Bids shall be opened on March 2, 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



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



Purchase Request Number: **2022-02-0441**  
 Name of the Project: **Purchase of Azithromycin 500 mg etc.**  
 Location of the Project: **PHO-RPRH**

Date: **February 18, 2022**  
 Quotation No.: **SVP 2022-0038**  
 CAFOA No.: **100220201486**

## 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** **March 2, 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](mailto: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**  
*Chair person*

**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	2100	tab	45.00	Azithromycin 500mg					
2	4000	cap	8.00	Cefixime 200 mg					
3	100	vial	20.00	Ceftriaxone 1gram + 10 mL Diluent					
4	2400	tab	13.00	Clarithromycin 500 mg					
5	4000	cap	5.00	Clindamycin Hydrochloride 300mg					
6	400	carp	16.00	Lidocaine 2% + Epinephrine, 1.8mL (dental)					
7	400	cap	1.00	Mefenamic acid 500 mg					
8	400	amp	7.50	Oxytocin 10 iu, 1mL					
9	300	amp	22.00	Phytonamenadione 10mg/mL, 1mL					
<b>PHO-RPRH</b>									

**PURPOSE:** Drugs and Medicines for use of Provincial Health Office, RPRH **196,100.00**

**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.

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/Cellophone Number or e-mail address)

\_\_\_\_\_  
 Date

**SALINIA L. CARBONEL**  
 PRINTED NAME & SIGNATURE OF AUTHORIZED CANVASSER