



Republic of the Philippines
PROVINCE OF BENGUET
 La Trinidad



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

Bid Solicitation No.: SVP-2022-0078
 Purchase Request No.: 2022-02-0455

April 5, 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 Drugs and Medicines with an ABC of 343,559.80
 PHO - Itinerant
 to be used by Team Their quotation /Bids shall be opened on APRIL 13, 2022

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

ATTY. BRIAN 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: **2022-02-0455**
Name of the Project: **Purchase of Drugs and Medicines**
Location of the Project: **PHO - Itinerant Team**

Date: **April 5, 2022**
Quotation No.: **SVP-2022-0078**
CAFOA No.:

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** **APRIL 13, 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. BILYN 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 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 500, 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
- 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	5000	tab	25.00		Acetylcysteine 600mg					125,000.00
3	1000	tab	10.00		Aluminum Hydroxide + Magnesium Hydroxide 200mg/ 100mg					10,000.00
6	396	bot	34.00		Ascorbic Acid 100mg/ 5mL, 120mL					13,464.00
10	5000	tab	11.00		Azithromycin 500mg					55,000.00
11	20	tube	98.39		Betamethasone valerate 0.1% , ointment/cream, 5g to 15g					1,967.80
13	3000	tab	6.00		Calcium Carbonate + Vit D (eq. to 600mg elemental calcium + 400 I.U. vit D)					18,000.00
15	500	vial	20.00		Ceftriaxone 1g with Diluent					10,000.00
16	1400	tab	11.00		Cefuroxime axetil 500mg					15,400.00
24	1200	tab	8.00		Co-Amoxiclav 500/125mg					9,600.00
27	3000	tab	8.00		Fenofibrate 160mg					24,000.00
30	216	bot	120.00		Lactulose 3.3g/5mL Syrup, 120 mL					25,920.00
34	7000	cap	1.00		Mefenamic acid 500 mg					7,000.00
36	500	tab	9.00		Methylprednisolone 4mg					4,500.00
37	252	bot	49.00		Multivitamins + Minerals syrup, 120mL					12,348.00
38	120	tube	53.00		Mupirocin 2% Ointment, 5g					6,360.00
40	1000	sachet	5.00		Oral Rehydration Salt (ORS-75 R) 250mL, 25s					5,000.00
PHO - Itinerant Team										
PURPOSE: Drugs and Medicines for use of Provincial Health Office Itinerant Team / TTMF's										343,559.80

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/Cellphone Number or e-mail address)

PRINTED NAME & SIGNATURE OF AUTHORIZED CANVASSEER

Date