

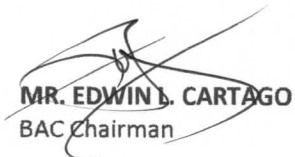


**REQUEST FOR QUOTATION  
(Small Value Procurement)**

Company Name : \_\_\_\_\_ Date: \_\_\_\_\_  
Address : \_\_\_\_\_ Quotation No. CWD 08-2019  
Tel. No./Fax No. : \_\_\_\_\_ End-User: Administrative Department  
T.I.N. : \_\_\_\_\_

Please quote your lowest price on the item(s) listed, subject to the Terms and Condition stated below and in a sealed envelope submits your quotation duly signed by authorized representative;

Activities	Date and Time	Place / Venue
Opening of Requests for Quotation	April 24, 2019 @ 1:00pm	2 <sup>nd</sup> floor CWD Warehouse Building, Lakeview Subdivision, Barangay Halang Calamba City

  
**MR. EDWIN L. CARTAGO**  
BAC Chairman

**TERMS AND CONDITIONS:**

1. ALL ENTRIES SHALL BE TYPEWRITTEN
2. COMMENCEMENT SHALL BE FOR A PERIOD OF **ONE (1) TO FOUR (4) WEEKS** UPON RECEIPT OF THE APPROVED PURCHASE ORDER.
3. PRICE VALIDITY SHALL BE FOR A PERIOD OF THIRTY (30) CALENDAR DAYS
4. THE APPROVED BUDGET FOR THE CONTRACT IS AMOUNTING TO **Php 439,315.88** (BID EXCEEDING THE ABC SHALL BE AUTOMATICALLY DISQUALIFIED)
5. ALL PAGES OF THE SUBMITTED DOCUMENTS MUST BE SIGNED BY THE AUTHORIZED REPRESENTATIVE/S

**DOCUMENTARY REQUIREMENTS SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION:**

1. PHILGEPS CERTIFICATE OF PLATINUM MEMBERSHIP  
(Documents to be submitted in the absence of Philgeps Certificate of Platinum Membership)
  - a. Registration Certificate (SEC)
  - b. Mayor's/Business Permit or its Equivalent
  - c. Tax Clearance; and
  - d. Audited Financial Statements
2. INCOME AND BUSINESS TAX RETURNS (VAT PAYMENT) LATEST SIX (6) MONTHS
3. OMNIBUS SWORN STATEMENT

Item no.	ITEM & DESCRIPTION/ TECHNICAL SPECIFICATION	QTY.		UNIT AMOUNT	TOTAL AMOUNT
	<b>Supply and Delivery of First Aid and Maintenance Medicines</b>				
1	Alerta	200	pcs	23.93	4,786.00
2	Amlodipine 10mg	2,500	pcs	8.25	20,625.00
3	Amoxicillin 500mg	1,000	pcs	8.25	8,250.00
4	Bioflu	2,600	pcs	8.80	22,880.00
5	Biogesic	2,500	pcs	3.58	8,950.00
6	Buscopan	300	pcs	26.40	7,920.00
7	Catapress 75mg	250	pcs	38.50	9,625.00
8	Claritin	500	pcs	37.13	18,565.00
9	Citirizine (for allergic rhinitis)	500	pcs	19.00	9,500.00
10	Decolgen non-drowsy	500	pcs	5.78	2,890.00
11	Diatabs	200	pcs	7.70	1,540.00
12	Immodium	200	pcs	16.50	3,300.00
13	Isoprophyl Alcohol 500ml	10	pcs	82.50	825.00
14	Kremil-S	300	pcs	6.05	1,815.00
15	Losartan 100mg	100	pcs	17.05	1,705.00
16	Losartan 50mg	2,000	pcs	12.93	25,860.00
17	Mefenamic (Dolfenal) 500mg	200	pcs	30.00	6,000.00
18	Mefenamic (Generic) 500mg	200	pcs	7.50	1,500.00
19	Mefenamic (Ponstan) 500mg	200	pcs	39.00	7,800.00
20	Neozep non-drowsy	2,000	pcs	5.28	10,560.00
21	Sinutab	2,000	pcs	10.45	20,900.00
22	Solmux	1,000	pcs	11.22	11,220.00
23	Tuseran Forte	1,000	pcs	10.00	10,000.00
24	Ventolin Nebule	100	pcs	40.00	4,000.00
25	Betadine 120ml	6	btls	206.80	1,240.80
26	Hydrogen Peroxide (Red) 500ml	6	btls	59.68	358.08
27	Visine	3	btls	88.50	265.50
28	White Flower 20ml	3	btls	325.00	975.00
29	Zantac 150mg	100	pcs	47.50	4,750.00
30	Metformin (Glumet XR 500mg)	1,500	pcs	13.21	19,815.00
31	Antibiotic (Cefalexine 500mg)	2,100	pcs	22.55	47,355.00
32	Carbocisteine (Solmux)	2,100	pcs	11.30	23,730.00
33	Atorbastatine 20mg	1,500	pcs	19.51	29,265.00
34	Rosobastatine 20mg	1,500	pcs	37.10	55,650.00
35	Silymarine	1,500	pcs	21.30	31,950.00
36	Burn Ointment	2	btls	275.00	550.00
37	Omerprazoie	100	pcs	23.10	2,310.00
38	Spirit of Ammonia ---nothing follows----	3	btls	28.50	85.50
<b>APPROVED BUDGET FOR THE CONTRACT Php</b>					<b>439,315.88</b>

Brand and Model : \_\_\_\_\_  
Delivery Period : \_\_\_\_\_  
Warranty : \_\_\_\_\_  
Price Validity : \_\_\_\_\_

After having carefully read and accepted your General Conditions, I/We quote on the item(s) at prices noted above.

\_\_\_\_\_  
Printed Name/Signature/Date

\_\_\_\_\_  
Tel. No. /Cellphone No./ e-mail address