



REQUEST FOR QUOTATION

PR No. : 2019-10-3716
 PR Date : October 10, 2019
 END-USER : HRDS-TDD
 ABC : 30,638.64

Mode of Procurement : Shopping
 RFQ No. : AMP-RFQ-2019-357
 Date Prepared : 16 Oct 19
 Closing Date : 21 Oct 19
 Closing Time : 10:00 AM

Sir/Madam :

Please submit your quotation for the procurement project as stated below duly signed by the authorized representative of your company not later than the closing date and time at the Procurement Management Section (PrMS), PSMD.

| ITEM NO. | ITEM DESCRIPTION | QTY. | UNIT | Brand/Model Being Offered | DENR ABC | SUPPLIER'S QUOTED PRICE | |
|----------|---|------|----------------|---------------------------|--------------|-------------------------|-------------|
| | | | | | | UNIT PRICE | TOTAL PRICE |
| | Supply and Delivery of Various Medical Supplies | | | | | | |
| | Amoxicillin Trihydrate 500 mg Capsule | 2 | box of 100's | | 30,638.64 | | |
| | Mefenamic Acid 500 mg Capsule | 3 | pack of 100's | | | | |
| | Sodium Alginate Sodium Bicarbonate Calcium Carbonate Oral Suspension 10 ml Sachet | 20 | pcs | | | | |
| | Peppermint Liquid | | | | | | |
| | Clonidine 75 mcg/tablet | 1 | box of 100's | | | | |
| | Paracetamol 500 mg/tablet | 2 | boxes of 100's | | | | |
| | Loratadine 10 mg | 1 | box of 100's | | | | |
| | Loperamide Cap 2 mg | 1 | box of 100's | | | | |
| | Phenylephrine HCL, Chlorphenamine Maleate/Paracetamol | 1 | box of 100's | | | | |
| | Povidone Iodine Wound Solution | 1 | liter | | | | |
| | Band Aid Adhesive Bandages Plastic Strips 60 Bandages | 1 | boxes | | | | |
| | Ambroxol Hydrochloride 30 mg tablet | 1 | box of 100's | | | | |
| | Ambu Bag Manual Resuscitation Silicon | 1 | set | | | | |
| | CPR Board, Plastic | 1 | pc | | | | |
| | Bur Ointment 15 g | 1 | pc | | | | |
| | Pulse Oxi, Meter (Adult) | 1 | pc | | | | |
| | Retractable Tape Measure | 1 | pc | | | | |
| | Hydrogen Peroxide 3 % Solution 10 V | 1 | gal | | | | |
| | One Touch Select Test Strips | 4 | boxes of 25's | | | | |
| | Oxygen Tank with Content and Bag | 1 | set | | | | |
| | Oxygen Regulator with Accessories | 1 | set | | | | |
| | Gauze Pad 4x4x8 Ply Sterile (5's) | 1 | box | | | | |
| | Cotton Buds (200 Tips) | 1 | bottle | | | | |
| | Cotton Balls | 1 | pack of 1000's | | | | |
| | Cotton Applicator Sterile | 1 | box of 100's | | | | |
| | Red Eye Drop 7.5 ml | 1 | bottle | | | | |
| | | | | | TOTAL | | |

- Notes** : 1) Please fill in Supplier's Quoted Price and submit the form to PrMS.
 2) Quotation must be compliant with the requirements of the project, including the technical specifications.
 3) Terms and Conditions are specified at the 2nd page of this RFQ.

Quotation received in excess of the ABC shall automatically be rejected.

Delivery must be completed within **fifteen (15) Calendar days** from receipt of Notice to Proceed (NTP)

In view of this, please also submit the following documents together with the duly signed Quotation:

- 1) Duly filled up DENR Request for Quotation (RFQ) Form
- 2) PhilGEPS Registration Number/Certificate of Registration
- 3) Valid and current Business/ Mayor's Permit for CY 2019

Failure to submit/comply all requirements stated above shall automatically be disqualified.

Should your company be interested, you may submit your proposal at PrMS-PSMD, DENR Main Building and/or thru email at procurementdenrco@gmail.com and/or fax number 926-26-75. For further inquiries, you may coordinate with Ms. Dianne G. Ibias/Mr. Lamberto S. Ramos at the same contact details.

DENR reserves the right to reject any and all proposals, declare failure, or not award the contract at any time prior to contract award in accordance with Section 41 of RA 9184 of its IRR without thereby incurring any liability to the affected supplier.

KINDLY PROVIDE DETAILS BELOW AS A SIGN OF CONFORME TO THE REQUIREMENTS AS SPECIFIED ABOVE

NAME OF COMPANY _____

(Signature over Printed Name of the Authorized Representative)

Designation _____

Date _____

Contact Details _____

Email Add _____

Telefax No. _____

Mobile No. _____

ADDRESS :

TERMS AND CONDITIONS

1. Service Providers shall provide correct and accurate information required in this form
2. Service Providers may quote for any or all items, unless otherwise stated.
3. Price quotation/s must be valid for a period of sixty (60) calendar days from the closing date.
4. Price quotation/s, to be dominated in Philippine Pesos shall include all taxes, duties and/or levies payable.
5. Price quotations exceeding the Approved Budget for the Contract shall be rejected.
6. Award of Contract shall be made to the lowest calculated and responsive quotation which complies with the minimum technical specifications and other terms and conditions stated herein.
7.
Any interlineations, erasures or overwriting shall be valid only if they are initialed by the authorized representative of the Service Provider.
8.
The item/s and/or services shall be delivered according to the requirements specified herein/attached Terms of Reference.
9.
The DENR shall have the right to review/examine submissions relative to the project to confirm conformity to the project requirements.
10. Warranty shall cover the following:
 - a) Minimum period of three (3) months, in the case of Expendable Supplies after acceptance of the deliveries by the DENR authorized signatory.
 - b) Minimum period of one (1) year (unless otherwise stated), in case the of Non-Expendable Supplies after acceptance of the deliveries by the DENR authorized signatory.
11. Payment shall be made in accordance with the Terms of Conditions of the Contract.
12.
Liquidated damages equivalent to one tenth of one percent (0.1%) of the value of contract not delivered within the prescribed completion period shall be imposed per day of delay. The DENR may rescind the Contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the Contract, without prejudice to other courses of action and remedies open to it.