



Republic of the Philippines
PHILIPPINE COCONUT AUTHORITY REGION XIII
Regional Office, 2F South Boulevard Square., South Montilla Blvd., Butuan City

REQUEST FOR QUOTATION

Date: September 15, 2023

Quotation No.: RO- 2023 09 0220

Registered Name of Supplier as written in Official Receipt

Business Address of Supplier

Tax Identification Number (TIN); indicate whether VAT or Non-VAT

PhilGEPS Registration Number (required)

Philippine Coconut Authority Region XIII through its Bids and Awards Committee (BAC), intends to procure the Medicines for Medical and Dental Health Mission on September 28, 2023 at PDI in accordance with Sec. 53.9 (Negotiated Procurement - Small Value Procurement) of the Revised IRR of R.A. No. 9184.

Please quote your **best offer** for the item/s described below, subject to the Terms and Conditions provided at the last page of this RFQ. Submit your quotation duly signed by you or your duly authorized representative **not later than September 19, 2023 at 5:00 PM**. A copy of your **latest Mayor's/Business Permit** and **PhilGEPS Registration** may be required to be submitted along with your quotation/proposal.

Open quotations may be submitted manually at the address indicated above or through facsimile at (085)341-4372 or email at regionxiii@pca.gov.ph.

ERNALYN E. COLON

Canvasser

MANOLITO L. CASAPAO

BAC Chairperson

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s for the item/s as follows:

TECHNICAL SPECIFICATIONS

1. Please quote your **best offer** for the item/s below. Please do not leave any items blank. Indicate "0" if item being offered is for free.
2. Bidders must state "Comply" or any equivalent term in the column "Bidder's Statement of Compliance" against each of the individual parameters of each Specification.

Unit	Description	Total Quantity	Bidder's Statement of Compliance	Unit Price
	Medicines for Medical and Dental Mission at San Jose, Province of Dinagat Islands on September 28, 2023	lot		
bts	Alcohol 500ml 70%, Isoprophyl	30		
bxs	AMOXICILLIN 500 mg. CAP 100's	30		
bxs	AMOXICILLIN 250 mg. CAP 100's	30		
bots	ASCORBIC ACID SYR. 100mg 60ml.	20		
bts	ASCORBIC ACID DROPS 100MG/ML 15ML	40		
bxs	SODIUM ASCORBATE/VITAMIN C 500MG 100's	100		
bxs	AMLODIPINE 10MG 100'S	60		
bots	LAGUNDI SYRUP 300MG/5ML 60ML	100		
bxs	LAGUNDI 300MG TAB 100'S	30		
bxs	LOPERAMIDE CAP 2MG 100'S	20		
bxs	MEFENAMIC ACID 250MG CAP 100'S	20		
bts	MEFENAMIC ACID 50MG/5ML. SUSP 60ML	40		
bxs	MEFENAMIC ACID 500MG CAP 100'S	30		
bxs	VITAMMIN B COMPLEX TAB 100MG 100'S	50		
bxs	METRONIDAZOLE TAB 500MG 100'S	20		
bxs	METRONIDAZOLE 125MG/5ML 60ML	20		
bxs	PARACETAMOL 500MG TAB 100'S	20		
bots	PARACETAMOL SYRUP 250MG/5ML 60ML	150		
bxs	OMEPRAZOLE TAB 40MG 100'S	20		
bots	MULTIVITAMINS DROPS 15ML	50		

Unit	Description	Total Quantity	Bidder's Statement of Compliance	Unit Price
bots	AMOXICILLIN 250MG/5ML SUSP. 60ML	150		
bxs	CAPTROPIL 25mg tab 100's	20		
bots	MULTIVITAMINS WITH IRON SYRUP 60ML	220		
bxs	COTRIMOXAZOLE 800MG TAB 100'S	20		
bxs	MULTIVITAMINS WITH IRON CAP 100'S	50		
bxs	METFORMIN 500MG 100'S	10		
bxs	CEFALEXIN 500MG CAP 100'S	30		
bxs	CIPROFLOXACIN 500MG TAB 100'S	20		
bxs	LOSARTAN TAB 50MG 100'S	100		
bxs	CETIRIZINE TAB 10MG 100'S	50		
bots	CETIRIZINE 5MG/ML SOLUTION 60ML	40		
bts	CETIRIZINE DROPS 15ML	40		
bxs	CELECOXIB 200MG CAP 100'S	20		
bxs	CO-AMOXICLAV 625MG TAB 14'S	20		
bts	CO-AMOXICLAV 250MG/62.5 PER 5ML 60ML	15		
bxs	DICYCLOVERINE TAB 10MG 100'S	10		
bts	DECYCLOVERINE 10mg syrup 60ml	20		
bags	COTTON BALLS 150'S	50		
bxs	ZINC OXIDE + CALAMIN OINTMENT 305G 20'S	20		
bxs	GLOVES MEDIUM	20		
bxs	LIDOCAINE ANESTHESIA HCl + EPINEPRINE 2% CARTRIDGES 50'S	10		
bxs	DENTAL NEEDLES SHORT 100'S	8		
bxs	TRANEXAMIC ACID 500MG CAP 100'S	10		
bxs	SALBUTAMOL 2MG TAB 100'S	10		
bxs	METOPROLOL 50MG TAB 100'S	10		
bxs	GLIBENCLAMIDE 5MG TAB 100'S	50		
bxs	RANITIDINE HCL TAB 150MG 50'S	5		
bxs	SAMBONG 250 MG TAB 100'S	20		
bts	PARACETAMOL 100MG DROPS 15ML	15		
bts	HYPROMELLOSE SOLUTION 7.5ML	100		
bts	OPHTHALMIC SOLUTION 0.05% x 7.5 mL	20		

SCHEDULE OF REQUIREMENTS

The delivery schedule expressed as weeks/months stipulates hereafter the delivery date to the project site.

Item	Description	Total Quantity	Delivery
1	Medicines for Medical and Dental Health Mission on September 28, 2023 at PDI	lot	Before September 26, 2023

FINANCIAL OFFER

Item	Quantity	Approved Budget for the Contract	Your Total Offered Quotation
1	lot	₱429,284.80	

TERMS AND CONDITIONS

1. ALL ENTRIES MUST BE HAND WRITTEN/TYPEWRITTEN;
2. SUPPLIERS SHALL PROVIDE CORRECT AND ACCURATE INFORMATION REQUIRED IN THIS FORM;
3. ANY INTERLINEATIONS, ERASURES OR OVERWRITING SHALL BE VALID ONLY IF THEY ARE SIGNED OR INITIALED BY THE SUPPLIER OR THE SUPPLIER'S AUTHORIZED REPRESENTATIVE;
4. PRICE QUOTATION(S) SHALL BE DENOMINATED IN PHILIPPINE PESO AND SHALL BE INCLUSIVE OF TAXES;
5. QUOTATIONS EXCEEDING THE ABC SHALL BE REJECTED INSTANTANEOUSLY;
6. PRICE VALIDITY SHALL BE FOR A PERIOD OF THIRTY (30) CALENDAR DAYS FROM DATE OF SUBMISSION;
7. SUPPLIER SHALL SUBMIT THE FOLLOWING DOCUMENTS PRIOR TO AWARD OR UPON REQUEST:
 - a. BUSINESS PERMIT/BIR REGISTRATION
 - b. LATEST INCOME/BUSINESS TAX RETURN
 - c. PHILGEPS REGISTRATION CERTIFICATE
 - d. NOTARIZED OMNIBUS SWORN STATEMENT
8. PURCHASE ORDER/CONTRACT SHALL BE AWARDED TO THE LOWEST QUOTATION (FOR GOODS AND INFRASTRUCTURE) OR, THE HIGHEST RATED OFFER (FOR CONSULTING SERVICES) WHICH COMPLIES WITH THE MINIMUM TECHNICAL SPECIFICATIONS AND OTHER TERMS AND CONDITIONS STATED HEREIN;
9. IN CASE OF TWO OR MORE BIDDERS ARE DETERMINED TO HAVE SUBMITTED THE LOWEST CALCULATED QUOTATION/LOWEST CALCULATED AND RESPONSIVE QUOTATION, PCA SHALL ADOPT AND EMPLOY "DRAW LOTS" AS THE TIE-BREAKING METHOD TO FINALLY DETERMINE THE SINGLE WINNING PROVIDER IN ACCORDANCE WITH GPPB CIRCULAR 06-2005;
10. PCA SHALL HAVE THE RIGHT TO INSPECT AND/OR TEST THE GOODS TO CONFIRM THEIR CONFORMITY TO THE TECHNICAL SPECIFICATIONS;
11. WARRANTY SHALL BE FOR A PERIOD OF THREE (3) MONTHS FOR SUPPLIES AND MATERIALS, AND ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THIS OFFICE;
12. **PAYMENT SHALL BE MADE THROUGH MDS CHECK AFTER DELIVERY AND UPON SUBMISSION OF THE REQUIRED SUPPORTING DOCUMENTS (SALES INVOICE OR BILLING STATEMENT) BY THE SUPPLIER. TERMS OF PAYMENT IS WITHIN THIRTY (30) CALENDAR DAYS FROM THE DATE OF ACCEPTANCE; AND**
13. LIQUIDATED DAMAGES EQUIVALENT TO ONE TENTH OF ONE PERCENT OF THE VALUE OF THE GOODS NOT DELIVERED WITHIN THE PRESCRIBED DELIVERY PERIOD SHALL BE IMPOSED PER DAY OF DELAY.

Signature over Printed Name of Supplier or
Supplier's Representative

Telephone/Mobile No.

Date