



Republic of the Philippines
Department of Finance
Bureau of Customs
1099 Manila

REQUEST FOR QUOTATION

The Bureau of Customs (BOC), through its Administration Office (AO), will undertake a Small Value Procurement for **Supply and Delivery of Medical and Dental Supplies**, in accordance with the Revised Implementing Rules and Regulations of Republic Act No. 9184. The details of the project are as follows:

Name of Project : **Supply and Delivery of Medical and Dental Supplies**

Location : **Medical and Dental Division, Gate 3, South Harbor, Port Area, Manila**

Approved Budget for the Contract: **One Hundred Thousand Two Hundred Fifty Pesos (Php100,250.00), inclusive of tax**

Specifications:

QTY	UNIT	DESCRIPTION
15	Box	Symdex-D
8	Box	Amlodopine Plus Losartan 5mg/ 50mg
8	Box	Amlodopine 5mg
1	Box	Cefuroxime (by 100's)
6	Box	Clindamycin (Acresil) 300 mg
8	Box	Metroformin HLC (GX-Neoform) 500mg
7	Box	Vitamin B1 + B6 + B12(Myrevit-B)
3	Pc	Tobramycin Dexamathasone 5ml(Tobradex Alcon)
10	Box	Mefenamic Acid (Metaflam)
10	Box	Mucobron Forte
10	Box	Disposable Mask
4	Box	Amoxicillin 500mg (Syncloxil)
15	Tube	Nanofill Composite Filling
10	Tube	Acid Etchant
10	Btl	Bonding Agent
10	Box	Latex Examination Gloves
1000	Pc	Disposable Paper Cups
6	Set	GC Fuji Filling P/L
12	Btl	70% Isoprophyl Alcohol
10	tube	Colgate Toothpaste (Big)
8	btl	Lysol Anti-Bacterial Soap
1000	Pc	Disposable Bibs
2	Box	Terumo Short Disposable Needles

Delivery: Seven (7) calendar days upon signing of P.O.

Interested suppliers are required to submit their valid and current Mayor's Permit, DTI/SEC Registration (for partnerships/corporations, General Information Sheet & Articles of Incorporation shall also be submitted), PHILGEPS Registration Certificate, BIR Certificate of Registration (Form 2303), Omnibus Sworn Statement, Income/Business Tax Return, FDA Certificate and computerized or typewritten and duly signed price quotation form (Annex "A").

Submission of quotation and eligibility documents is on or before February 14, 2019, 10:00 a.m., at General Services Division (GSD), Ground Floor, OCOM Building, Port Area, Manila.

Award of contract shall be made to the lowest quotation, which complies with the minimum description as stated above and other terms and conditions stated in the price quotation form.

Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by the bidder or his/her duly authorized representative/s.

The BOC reserves the right to accept or reject any or all quotations and to impose additional terms and conditions as it may deem proper.

For inquiry, you may contact us at Telefax no. 527-9757 or email us at bacsecretariat@customs.gov.ph.

Very truly yours,


ATTY. FRANCIS T. TOLIBAS, C.E.
Acting Chief, General Services Division

PRICE QUOTATION FORM

Date _____

The Bids and Awards Committee
Bureau of Customs
Port Area, Manila

Sir/Madam:

After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our quotation/s for the items as follows:

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL PRICE
15	Box	Symdex-D		
8	Box	Amlodopine Plus Losartan 5mg/ 50mg		
8	Box	Amlodopine 5mg		
1	Box	Cefuroxime (by 100's)		
6	Box	Clindamycin (Acresil) 300 mg		
8	Box	Metroformin HLC (GX-Neoform) 500mg		
7	Box	Vitamin B1 + B6 + B12(Myrevit-B)		
3	Pc	Tobramycin Dexamathasone 5ml(Tobradex Alcon)		
10	Bqx	Mefenamic Acid (Metaflam)		
10	Box	Mucobron Forte		
10	Box	Disposable Mask		
4	Box	Amoxicillin 500mg (Syncloxil)		
15	Tube	Nanofill Composite Filling		
10	Tube	Acid Etchant		
10	Btl	Bonding Agent		
10	Box	Latex Examination Gloves		
1000	Pc	Disposable Paper Cups		
6	Set	GC Fuji Filling P/L		
12	Btl	70% Isoprophyl Alcohol		
10	tube	Colgate Toothpaste (Big)		
8	btl	Lysol Anti-Bacterial Soap		
1000	Pc	Disposable Bibs		
2	Box	Terumo Short Disposable Needles		

Warranty: _____ months from the date of delivery

Total amount in words:

The above-quoted prices are inclusive of all costs and applicable taxes.
Very truly yours,

Name/ Signature of Representative

Name of Company

Mayor's Permit No. _____

PhilGEPS Registration No. _____

(Please submit the photocopies of the above documents upon submission of quotation)