

## **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:

Specificat	UNIT	DECORPTION
QTY		DESCRIPTION
6	Box	Metroprolo 50mg
10	Box	Amoxicillin 500mg
10	Box	Cetirizine tablet 10mg
8	Box	Clindamycin 300mg Capsule
10	Box	Loperamide 2mg
10	Box	Mefenamic Acid 500 mg
13	Box	Cholphenamine Phenylephrine Paracetamol 3 in 1
10	Box	Diclofenac Sodium
15	Box	Paracetamol Tablet 100's
6	Box	Cinnarazine
10	Box	Omeprazole 20mg Capsule
13	Box	Ibuprofen
10	Box	Celecoxib
5	Box	Metronidazole
5	Box	Amlodopine 5mg
6	Box	Metformin HLC 500 mg
5	Pc	Opthalmic Drops 5ml
5	Pack	Cotton Balls
5	Box	Band Aid
5	рс	Hydrogen Peroxide 120ml
6	рс	Providone Iodine 120ml

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 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 March 8, 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
6	Box	Metroprolo 50mg		
10	Box	Amoxicillin 500mg		
10	Box	Cetirizine tablet 10mg		
8	Box	Clindamycin 300mg Capsule		
10	Box	Loperamide 2mg		
10	Box	Mefenamic Acid 500 mg		
13	Box	Cholphenamine Phenylephrine Paracetamol 3 in 1		
10	Box	Diclofenac Sodium		
15	Box	Paracetamol Tablet 100's		
6	Box	Cinnarazine		
10	Box	Omeprazole 20mg Capsule		
13	Box	Ibuprofen		
10	Box	Celecoxib		
5	Box	Metronidazole		
5	Box	Amlodopine 5mg		
6	Box	Metformin HLC 500 mg	,	
5	Pc	Opthalmic Drops 5ml		
5	Pack	Cotton Balls		
5	Box	Band Aid		
5	рс	Hydrogen Peroxide 120ml		
6	pċ	Providone Iodine 120ml		

Warranty: \_\_\_\_ months from the date of delivery

Total amount in words:

Very truly yours,	e or all costs and ap	oplicable ta	xes.
Name/ Signature of Representative	-		
Name of Company Mayor's Permit No PhilGEPS Registration No			
(Please submit the photocopies of the	e above documents	upon subn	nission of quotation

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