

Republic of the Philippines
BIDS AND AWARDS COMMITTEE
 (Goods and Services)
 City Government of Baguio
 Baguio City

Standard Form No.: SF -GOODS-60
 Revised on: September 5, 2008
 Standard Form Title: Request for Quotation

Reference No :
 Shopping Solicitation No :
 Date :
 Obr # :

PR # 2017-045
S 112
May 26, 2017
101-4411-17-05-153

Sir/Madam:

Please quote your price of item/s listed below as per specifications, stating the shortest time of delivery. Please submit your quotation duly signed by you or your representative to the Bids and Awards Committee not later than 2:00 PM _____ c/o the BAC Secretariat, City General Services Office, City Hall, Baguio City. You may fax your quotations through Telefax No. (074)424-5148.

We may purchase the item/s from your company if the offer is found to be reasonable and advantageous to the City Government of Baguio, but we reserve the right to accept or reject the offer or all quotations found not in order.

Thank you very much.

NOTE:
"PLEASE SEAL YOUR BIDS"

(Signature)
ATTY. LETICIA O. CLEMENTE
 BAC Chairperson and City Budget Officer

ITEM NO.	QTY	UNIT	DESCRIPTION	TOTAL ABC	BID PRICE PER UNIT	TOTAL BID PRICE
1	1	LOT	Drugs and Medicine Supplies	60,000.00		
	8	tube	Ampicillin 10 ug			
	8	tube	Augmentin 10 ug			
	8	tube	Bacitracin disk			
	8	tube	Cefaclor 30 ug			
	8	tube	Cefazolin 30 ug			
	8	tube	Cefepime 30 ug			
	8	tube	Cefixime 30 ug			
	8	tube	Cefoxitin 30 ug			
	8	tube	Ceftazidime 30 ug			
	8	tube	Ceftriaxone 30 ug			
	8	tube	Cefuroxime 30 ug			
	8	tube	Cephalothin 30 ug			
	8	tube	Cephalexin 30 ug			
	8	tube	Chloramphenicol 30 ug			
	8	tube	Ciprofloxacin 5 ug			
	8	tube	Clarithromycin 15 ug			
	8	tube	Clindamycin 2 ug			
	8	tube	Colistin 10 ug			
	8	tube	Erythromycin 15 ug			
	8	tube	Gentamicin 10 ug			
	8	tube	Levofloxacin 5 ug			
<i>cherie</i>						

PURPOSE: For sensitivity testing of antibiotics c/o Laboratory, HSO.

- NOTE:**
- 1) Delivery Period within _____ calendar days
 - 2) Price Validity shall be for a period of _____ calendar days
 - 3) Warranty (for equipments) _____ Minimum of 1 year
 Warranty (for repairs) _____ Minimum of three (3) months
 - 4) Bid Price should be inclusive of VAT and delivery charges
 - 5) Please indicate the brand of your offer. For machines/equipment, please attach brochure.

 Name of Establishment

 Philgeps Registry No.

 Printed Name and Signature of Bidder

 Address & Contact Number

 TIN

Republic of the Philippines
BIDS AND AWARDS COMMITTEE
 (Goods and Services)
 City Government of Baguio
 Baguio City

Standard Form No.: SF -GOODS-60
 Revised on: September 5, 2008
 Standard Form Title: Request for Quotation

Reference No :
 Shopping Solicitation No :
 Date :
 Obr # :

PR # 2017-045
S 112
May 26, 2017
101-4411-17-05-153

ITEM NO.	QTY	UNIT	DESCRIPTION	TOTAL ABC	BID PRICE PER UNIT	TOTAL BID PRICE	
	8	tube	N itrofurantoin 300 ug				
	8	tube	Norfloxacin 10 ug				
	8	tube	Optochin Disk				
	8	tube	Oxacillin 1 ug				
	8	tube	Penicillin 10 U				
	8	tube	Polymixin B 300 U				
	8	tube	Sulfamethoxazole 25 ug				
	8	tube	Tetracycline 30 ug				
	8	tube	Vancomycin 30 ug				
		Note:	Expiration of items must be atleast 12 months from the date of delivery. Winning Supplier/s is/are required to attach copy of Purchase Order (PO) on their Invoice upon delivery.				
<i>cherie</i>							

PURPOSE: For sensitivity testing of antibiotics c/o Laboratory, HSO.

- NOTE:**
- 1) Delivery Period within _____ calendar days
 - 2) Price Validity shall be for a period of _____ calendar days
 - 3) Warranty (for equipments) _____ Minimum of 1 year
 Warranty (for repairs) _____ Minimum of three (3) months
 - 4) Bid Price should be inclusive of VAT and delivery charges
 - 5) Please indicate the brand of your offer. For machines/equipment, please attach brochure.

Name of Establishment	Philgeps Registry No.	Printed Name and Signature of Bidder
Address & Contact Number	page 2 of 2	TIN