

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, 2016

Standard Form Title: Request For Quotation

Reference No: 19057

Solicitation No: 1266 Small

Value Procurement

Date: August 7, 2020

OBR #

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 quotation found not in order.

Thank you very much.

**NOTE:****"PLEASE SEAL YOUR BIDS"**

**ATTY. LETICIA O. CLEMENTE**

BAC Chairperson and City Budget Officer

ITEM NO.	QTY	UNIT	DESCRIPTIONS	TOTAL ABC	BID PRICE /UNIT	TOTAL BID PRICE
1	1	LOT	Medicine Supplies c/o HSO	116,100.00		
	1000	tablet	Atorvastatin - Atorvastatin - 40 mg Tablet -	13.00		
	1000	tablet	Atorvastatin Calcium - Atorvastatin Calcium - 20 mg Tablet -	8.00		
	800	tablet	Captopril - Captopril - 25 mg Tablet -	2.00		
	2000	tablet	Clonidine - Clonidine - 75 mcg Tablet (as Hydrochloride) -	17.00		
	2500	tablet	Losartan - Losartan - 50 mg Tablet (as Potassium Salt) -	5.00		
	6000	tablet	Losartan + Hydrochlorothiazide - Losartan + Hydrochlorothiazide - 50 mg + 12.5 mg Tablet -	4.00		
	1000	tablet	Metoprolol (as Tartrate) - Metoprolol (as Tartrate) - 100 mg Tablet -	2.00		
	3000	tablet	Simvastatin - Simvastatin - 40 mg Tablet -	7.00		

**\*\*Please submit and accomplish the attached Omnibus Sworn Statement together with this form\*\***

PURPOSE: Hypertensive medicine supplies c/o HSO - 2nd Sem. 2020. Note: 1. Medicines to be delivered should be atleast 12-18 months before expiration from the date of delivery. 2. The supplier shall provide a RETURN POLICY (e.g. to replace the medicines atleast three (3) months before expiration date. 3. Provide complete Certificate of Product Registration (CPR) upon delivery. 4. Copy of Certificate of Distributorship/Authority to Sell Product if applicable. 5. Copy of License To Operate (LTO) 6. Copy of Purchase Order (PO)

**NOTED:**

- 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

- 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.
- 6) Unit prices must not exceed indicated line item price.

\_\_\_\_\_  
Name of Establishment

\_\_\_\_\_  
Philgeps Registry No.

\_\_\_\_\_  
Printed Name and Signature of Bidder

\_\_\_\_\_  
Address and Contact Number

\_\_\_\_\_  
TIN