

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: 22806
Solicitation No: 1882 Small Value
Procurement
Date: November 10, 2020
OBR #

Sir/Madam:


Please quote your price of items 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 | Medicines c/o DRRM | 483,600.00 | | |
| | 252 | box | -- Cetirizine, 10 mg tablet, 100s per box | 1500.00 | | |
| | 6 | box | -- Mefenamic acid, 500mg capsule, 100s per box | 500.00 | | |
| | 6 | box | -- Metoprolol, 50mg tablet, 100s per box | 300.00 | | |
| | 168 | box | -- Multivitamins, 500mg capsule for adult, 100s per box | 600.00 | | |

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

PURPOSE: Emergency purchase of medicine supplies for Sto. Nino and health center triage facilities operation.

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

I hereby certify that this Bidding
Document was prepared and
checked by me, and that I am
not a member of the
Bidding Committee.

11/16/2020
11/19/2020
11/19/2020