

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 # 2018-015  
SVP 358  
April 4, 2018  
TF

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"**

**ATTY. LETICIA O. CLEMENTE**  
 BAC Chairperson and City Budget Officer

ITEM NO.	QTY	UNIT	DESCRIPTION	TOTAL ABC	BID PRICE PER UNIT	TOTAL BID PRICE
<b>1</b>	<b>1</b>	<b>lot</b>	<b>Medicine Supplies</b>	<b>142,000.00</b>		
	500	tablets	Azithromycin 500mg (As Base/ As Dihydrate)			
	500	tablets	Cefuroxime, Film Coated, 500mg			
	300	bots	Co-Amoxiclav, 250mg+62.5mg/ 5mL, 100mL Suspension			
	1000	tablets	Co-Amoxiclav, 500mg (As Trihydrate) +125mg			
	10	vials	Lidocaine, 2%, 1.8mL w/ Epinephrine			
			NOTE: <i>Expiry Date should not be less than 12 months from the date of delivery.</i> Suppliers are required to indicate the BRAND of their offered products on the Canvass Form (Request for Quotation Form)			
			Other Documents for Submission upon delivery: 1. Copy of Certificate of Product Registration from FDA 2. Copy of License To Operate (LTO) 3. Copy of Purchase Order (PO)			
ac			<b>**Please submit and accomplish the attached Omnibus Sworn Statement together with this form**</b>			

**PURPOSE:** For medicine supplies at the Animal Bite Treatment Center c/o 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 1 of 1	TIN