

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

Standard Form No.: SF - GOODS-60
 Revived on: September 5, 2016
 Standard Form Title: Request For Quotation

Reference No: 817
 Solicitation No: 521 *SVP*
 Date: May 2, 2018
 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 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 | DESCRIPTIONS | TOTAL ABC | BID PRICE PER UNIT | TOTAL BID PRICE |
|----------|-----|---------|---|------------|--------------------|-----------------|
| 1 | 1 | LOT | Medicines c/o DEPED | 128,684.30 | | |
| | 900 | tablet | 4mg/tab - Chlorphenamine maleate - | | | |
| | 550 | tablet | Aluminum Hydroxide Magnesium Hydroxide - 200 mg 100 mg Tablet - | | | |
| | 75 | capsule | Amoxicilin - 250 mg caps 100's - | | | |
| | 60 | bottle | Amoxicillin - 250 mg/5 mL, 60 mL Suspension - | | | |
| | 30 | capsule | Amoxicillin - 500mg caps 100's - | | | |
| | 3 | capsule | Cefalexine - 500mg caps - | | | |
| | 15 | bottle | Chloramphenicol eye drops - eye drops 5mg/ml - | | | |
| | 300 | tablet | clonidine - 75mcg tab - | | | |
| | 280 | capsule | cloxacillin - 500mg - | | | |
| | 300 | tablet | Co-amoxiclav 625 mg - tablet - | | | |
| | 12 | tablet | Cotrimoxazole tab - 800/160 mg in blister pack - | | | |
| | 15 | tube | Flucinole - acetamide Sulfate 5 mg cream - | | | |

| ITEM NO. | QTY | UNIT | DESCRIPTIONS | TOTAL ABC | BID PRICE PER UNIT | TOTAL BID PRICE |
|----------|------|----------------|--|-----------|--------------------|-----------------|
| | 13 | tablet | Ibuprofen-paracetamol - 500mg 100's - | | | |
| | 1500 | tablet | Lagundi - 300 mg tablet - | | | |
| | 50 | bottle | lagundi 300mg/5ml - 60ml suspension - | | | |
| | 2500 | <i>carpule</i> | Licodaine - dental anesthesia carpule - | | | |
| | 300 | capsule | Loperamide - 2mg Capsule - | | | |
| | 6000 | capsule | Mefenamic Acid - 250 mg cap - | | | |
| | 30 | capsule | Mefenamic Acid - 500 mg cap in blister pack, 100's - | | | |
| | 3000 | capsule | Mefenamic acid 250mg/cap - Mefenamic acid 250mg/cap - | | | |
| | 1900 | capsule | Mefenamic acid 500mg/cap - Mefenamic acid 500mg/cap - | | | |
| | 500 | bottle | Paracetamol 250mg/5ml - 60 ml - | | | |
| | 2500 | tablet | Paracetamol 500mg - tablet - | | | |
| | 60 | bottle | Povidone Iodine - Oral Antiseptic (Betadine), 1%, 60 mL Bottle - | | | |
| | 80 | bottle | povidone iodine solution - 10%, 60ml - | | | |

PURPOSE: To purchase drugs and medicines for various schools

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.

Name of Establishment

Philgeps Registry No.

Printed Name and Signature of Bidder

Address and Contact Number

TIN