



Republic of the Philippines
Department of Justice
BUREAU OF CORRECTIONS
City of Muntinlupa



REQUEST FOR QUOTATION #2023-043
Supply and Delivery of Medicines and Medical Supplies (CNTI) SVP

Date: _____

Name of Company: _____

Address: _____

TIN No.: _____

Please quote your best offer for the item/s described below, subject to the Terms and Conditions as stated hereunder.

- a.) Bidders shall provide correct and accurate information required in this form.
- b.) Bidders may quote for all the items.
- c.) Price quotation/s must be valid for a period of *One Hundred Twenty (120) calendar days* from the date of submission.
- d.) Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.
- e.) Quotations exceeding the Approved Budget for the Contract shall be rejected.
- f.) Award of contract shall be made to the lowest quotation (for goods and infrastructure) or, the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
- g.) Any alterations, erasures or overwriting shall be valid only if they are signed or initiated by you or any of your duly authorized representative/s.
- h.) The item/s shall be delivered within **Fifteen (15) calendar days** from receipt of approved purchase order.
- i.) The BuCor shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
- j.) Liquidated damages equivalent to one tenth of one percent (0.001%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. The BuCor shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.
- k.) Bidders shall submit the required documents together with their bid price in a sealed envelope indicating supplier's name and name of project.
- l.) Submission thru e-mail and fax quotation **will be** allowed/accepted.

REQUIREMENTS TO BE SUBMITTED

- m.) Valid and Current PhilGeps Registration Number
- n.) Valid and Current Mayor's/Business Permit

Note:

Allow PEs to accept the expired Business or Mayor's permit with Official Receipt of renewal application, subject to submission of Business or Mayor's permit after award of contract under GPPB Resoution No. 05-2020 Approving the Acceptance of an Expired Mayor's Permit with Official Receipt for yhe Renewal Application.

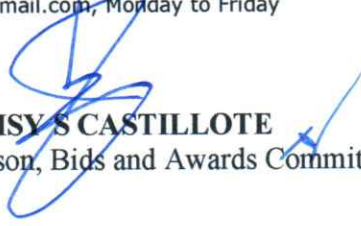
- o.) Valid and Current Complete Income Tax Return filed thru EFPS (**Fiscal Year 2022**)
- p.) Duly Notarized Omnibus Sworn Statement (**original**)
- q.) Duly Notarized Authority to Signatory (if applicable).

NOTE:

BIDDERS STATEMENT OF COMPLIANCE ON THE TERMS & CONDITIONS AND REQUIREMENTS AS STATED ABOVE

Signature over Printed Name of
Sole Proprietor /Authorized Representative

Submit your **SEALED QUOTATION** duly signed by you or your duly authorized representative not later than MAY 22 2023 at the BAC Office, Bureau of Corrections at 9:00am. Late submission of bids shall be rejected. For further information, you can call the BAC Secretariat c/o WILLIAM M. TERRADO. at the Supply Office, Bureau of Corrections, Muntinlupa City at Tel # 8809-8587/8478-0907 from 8:00 am to 5:00pm or email at bacsec2022@gmail.com, Monday to Friday


C/SSUPT DAISY S CASTILLOTE
Vice-Chairperson, Bids and Awards Committee

5	box	Phenylpropanolamine Hydrochloride, Chlorphenamine Maleate, Paracetamol)					1,750.00	
5	Box	Cloxacillin 500 mg					3,000.00	
5	Box	Amoxicillin 500 mg					2,000.00	
5	Box	Loperamide 2 mg					1,000.00	
2	Box	Betahistine 16 mg					2,900.00	
5	box	Hyoscine-N-butylbromide 10 mg, paracetamol 500 mg					4,500.00	
5	box	Carbocisteine 500 mg					1,500.00	
10	Pcs	Betamethasone cream					460.00	
5	Boxes	Face Mask					600.00	
3	Box	Gloves (Small, Medium)					3,600.00	
5	Pcs	Surgical Tape, 1 inch					230.00	
10	Pcs	Elastic Bandage 3 inch					300.00	
10	Pcs	Elastic Bandage 4 inch					500.00	
		TOTAL					96,739.50	

SIGNATURE OVER PRINTED NAME OF SOLE PROPRIETOR OR REPRESENTATIVE

TELEPHONE NO: _____

CELLPHONE NO: _____

EMAIL: _____

COMPANY LETTERHEAD

Supply and Delivery of Medicines and Medical Supplies (CNTI) SVP

REPUBLIC OF THE PHILIPPINES)
CITY/MUNICIPALITY OF _____) S.S.

AFFIDAVIT

I, *[Name of Affiant]*, of legal age, *[Civil Status]*, *[Nationality]*, and residing at *[Address of Affiant]*, after having been duly sworn in accordance with law, do hereby depose and state that:

1. **Select one, delete the other:**

If a sole proprietorship: I am the sole proprietor or authorized representative of *[Name of Bidder]* with office address at *[address of Bidder]*;

If a partnership, corporation, cooperative, or joint venture: I am the duly authorized and designated representative of *[Name of Bidder]* with office address at *[address of Bidder]*;

2. **Select one, delete the other:**

a) *If a sole proprietorship:* As the owner and sole proprietor, or authorized representative of *[Name of Bidder]*, I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for **Supply and Delivery of Medicines and Medical Supplies (CNTI) SVP**, as shown in the attached duly notarized *Special Power of Attorney*;

b) *If a partnership, corporation, cooperative, or joint venture:* I am granted full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for **Supply and Delivery of Medicines and Medical Supplies (CNTI) SVP**, as shown in the attached *[state title of attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate, Board/Partnership Resolution, or Special Power of Attorney, whichever is applicable:)]*;

3. *[Name of Bidder]* is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board by itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity as defined and provided for in the Uniform Guidelines on Blacklisting ;

4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;

5. *[Name of Bidder]* is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;

6. **Select one, delete the rest:**

If a sole proprietorship: The owner or sole proprietor is not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

If a partnership or cooperative: None of the officers and members of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

If a corporation or joint venture: None of the officers, directors, and controlling stockholders of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

7. *[Name of Bidder]* complies with existing labor laws and standards; and
8. *[Name of Bidder]* is aware of and has undertaken the following responsibilities as a Bidder:
 - a) Carefully examine all of the Bidding Documents;
 - b) Acknowledge all conditions, local or otherwise, affecting the implementation of the Contract;
 - c) Made an estimate of the facilities available and needed for the contract to be bid, if any; and
 - d) Inquire or secure Supplemental/Bid Bulletin(s) issued for the **Supply and Delivery of Medicines and Medical Supplies (CNTI) SVP**
9. *[Name of Bidder]* did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.
10. In case advance payment was made or given, failure to perform or deliver any of the obligations and undertakings in the contract shall be sufficient grounds to constitute criminal liability for Swindling (Estafa) or the commission of fraud with unfaithfulness or abuse of confidence through misappropriating or converting any payment received by a person or entity under an obligation involving the duty to deliver certain goods or services, to the prejudice of the public and the government of the Philippines pursuant to Article 315 of Act No. 3815 s. 1930, as amended, or the Revised Penal Code.

IN WITNESS WHEREOF, I have hereunto set my hand this ___ day of ___, 2022 at _____, Philippines.

Bidder's Representative/Authorized Signatory

SUBSCRIBED AND SWORN to before me this ___ day of *[month]* *[year]* at *[place of execution]*, Philippines. Affiant/s is/are personally known to me and was/were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiant/s exhibited to me his/her *[insert type of government identification card used]*, with his/her photograph and signature appearing thereon, with no. _____ and issued on _____ at _____.

Witness my hand and seal this ___ day of *[month]* *[year]*.

NAME OF NOTARY PUBLIC

Serial No. of Commission _____

Notary Public for _____ until _____

Roll of Attorneys No. _____

PTR No. _____ *[date issued]*, *[place issued]*

IBP No. _____ *[date issued]*, *[place issued]*

Doc. No. _____

Page No. _____

Book No. _____

Series of _____