



Republic of the Philippines
 Department of Justice
 BUREAU OF CORRECTIONS
 SABLAYAN PRISON AND PENAL FARM
 Occidental Mindoro



REQUEST FOR QUOTATION

SUPPLY & DELIVERY OF VARIOUS MEDICINES FOR SPPF HOSPITAL FOR 4TH QUARTER 2024 – 1 LOT

Date: _____
 RFQ No: SPPF2024-PR-09-121

Name of Company: _____
 Address: _____
 Name of Store/Shop: _____
 Address: _____
 Business Permit No.: _____
 TIN No.: _____
 PhilGEPS Registration No.: (required) _____

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 shall **quote per lot.**
- c.) Price quotation/lot must be valid for a period of **One Hundred Twenty (120) calendar days** from the date of submission.
- d.) Price quotation/lot, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.
- e.) Quotation exceeding the Approved Budget for the Contract shall be rejected.
- f.) Award of contract shall be made to the lowest quotation/lot (for goods and infrastructure) or, the highest rated offer/lot (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.) All items shall be delivered within **thirty (30) calendar days** from the receipt of approved Notice to proceed (NTP).
- i.) The BuCor-SPPF shall have the right to inspect and/or to test the goods to confirm its conformity to the technical specifications.
- j.) Liquidated damages equivalent to one tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. The BuCor-SPPF 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.
- l.) **Submission thru e-mail and fax of your quotation will not be entertained/accepted. Send your sealed quotation thru mail or submit it personally at the address hereunder provided.**

REQUIREMENTS TO BE SUBMITTED

- 1. Certified True copy of Valid & Current Mayor's/Business Permit
 - a. Valid & Current Mayors Permit
 - b. Valid & Current Business Permit
- 2. Certified True copy of Valid & Current PhilGEPS Registration Number
- 3. Bidders who are registered in BuCor-SPPF Suppliers Registry **with updated record** need not to submit the aforementioned requirements.

NOTE:

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

 Signature over Printed Name of
 Authorized Representative / Sole Proprietor

Submit your sealed quotation duly signed by you or your duly representative not later than **December 03, 2024** at the BAC Office, Bureau of Corrections – Sablayan Prison and Penal Farm at **9:00 A.M.** Late submission of bids shall be rejected.

CCINSP DIOMEDES C DADOR JR
 BAC Chairperson

After having carefully read and accepted the Terms and Conditions, I/we submit our quotation/s for the item/s as follows:

REQUEST FOR QUOTATION #SPPF2024-PR. 09-121

Procurement Project	Approved Budget for the Contract (ABC)
SUPPLY & DELIVERY OF MEDICINE FOR CONSUMPTION OF SPPF HOSPITAL FOR 4TH QUARTER – 1 LOT	Five Hundred Thirteen Thousand Four Hundred Twenty Pesos (Php. 513,420.00)

QTY	UNIT	DESCRIPTION	Compliance to the Technical specifications (Please check)		Approved Budget of the Contract (ABC)/Lot	Offered Quotation Per Unit	Offered Quotation Per Unit X Quantity	TOTAL Offered Quotation/ Lot
			YES	NO				
5	box	Anti Tetanus Serum 10amps/box			Php 513,420.00			
100	tube	Betamethasone Cream 15 grams						
2	box	Chlorphenamine Maleate 10mg amp 10amp/box						
100	box	Co-amoxiclav 625mg 14tabs/box						
100	box	Disposable Face Mask (100/box)						
100	box	Examining Gloves Medium Latex 100/box(powdered)						
50	tube	Fusidic Acid + Betamethasone Valerate 20mg/1g cream 5 grams						
15	box	Hyoscine 10mg tab 100yabs/box						
50	bot	IVF D5LRS 1L						
240	bot	IVF Plain NSS 1L						
120	bot	IVF Plain LRS						
100	pcs	Ketoconazole cream 5 grams						
20	box	Lanzoprazole 30mg 30caps/box						
25	box	Mefenamic Acid 500mg 100caps/box						
20	box	Montelukast + Levocetirizine 10/5mg 100 tabs/box						
200	box	Multivitamins capsule 100 caps/box						
3	box	Paracetamol 300mg ampule 10amps/box						
25	pc	Permethrine Lotion 60ml						
3	box	Prednisone 5mg 100tabs/box						
200	pcs	Salbutamol 100 mcg/dose, 200 actuations Breath Actuated Metered Dose Inhaler						
20	box	Salbutamol nebule + Ipratropium 200mcg/1mg per ml 30nebs/box						
50	box	Sodium Ascorbate 500mg 100caps/box						
5	box	Tetanus Toxoid 10amps/box						
250	box	Vitamin B1 B6 B12 100mg/15mg/50mcg Complex tab 100tabs/box						
15	box	Vitamin B Complex ampule 10/box						

SIGNATURE OVER PRINTED NAME OF REPRESENTATIVE OR SOLE PROPRIETOR
POSITION/DESIGNATION: _____
OFFICE TELEPHONE NO: _____
MOBILE PHONE NO./FAX NO.: _____
EMAIL ADDRESS/ES: _____