



Republic of the Philippines  
**City Government of Muntinlupa**  
National Road Putatan Muntinlupa City  
**BIDS and AWARDS COMMITTEE**  
[www.muntinlupacity.gov.ph](http://www.muntinlupacity.gov.ph)

**REQUEST FOR QUOTATION**

Date: 04/26/2023  
Quotation No:2023-0157

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Permit No.: \_\_\_\_\_  
TIN: \_\_\_\_\_  
PhilGEPS Registration No.(required): \_\_\_\_\_

The City Government of Muntinlupa, through its Bids and Awards Committee, intends to procure **Purchase of Peripheral Vasodilators & Cerebral Activators to be used at OSMUN**, which will be undertaken in accordance with **Section 53.9** of the 2016 Revised Implementing Rules and Regulations of Republic Act No.9184.

Please quote your **best offer** for the item/s described herein, subject to the Terms and Conditions provided.

A copy of the following documents are also required to be submitted along with your quotation/proposal:

1. Mayor's/Business Permit: (Certified True Copy)	3. PhilGEPS Registration (Certified True Copy)
2. Accomplished and Notarized Omnibus Sworn Statement (Original)	4. Certificate of Registration (Certified True Copy)

Quotations/Proposals must be submitted to the BAC Office of the City Government of Muntinlupa for checking & validation.

For any clarification, you may contact **Bids & Awards Committee** at telephone no.(02)8861-1127

INSTRUCTIONS:  
(2) Do not alter the contents of this in any way.  
(3) technical specifications with asterisks(\*) are mandatory. Failure to comply with any of the mandatory requirements will disqualify your  
(4) Failure to follow these instructions will disqualify your entire quotation.

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

<b>Procurement Project</b>	<b>Approved Budget for the Contract (ABC)</b>
Purchase of Peripheral Vasodilators & Cerebral Activators to be used at OSMUN	Sixty Two Thousand One Hundred Fifty Pesos

**Technical Specifications:**

QTY	UNIT OF ISSUE	ITEM DESCRIPTION	Compliance		REMARKS
			Yes	No	
300	amps	ephedrine Sulfate 50mg/ml amp **DD			
300	amps	Morphine Sulfate 10mg/ml amp**DD			
200	tabs	Morphine Sulfate 10mg MR tab **DD			
		Note: Pls. make sure All items has VALID LTO, PDEA LICENSE, CPR & Certificate of Analysis plus Certificate of Distributorship.			



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		ITEMS FOR DELIVERY should have an expiration of at least 2 years and above from the date of delivery.				
Summary of Approved Budget			OFFERED QUOTATION			
QTY	UNIT OF ISSUE	ITEM DESCRIPTION	QTY	UNIT OF ISSUE	ITEM DESCRIPTION	TOTAL PRICE
300	amps	ephedrine Sulfate 50mg/ml amp **DD				
300	amps	Morphine Sulfate 10mg/ml amp**DD				
200	tabs	Morphine Sulfate 10mg MR tab **DD				
		Note: Pls. make sure All items has VALID LTO, PDEA LICENSE, CPR & Certificate of Analysis plus Certificate of Distributorship.				
		ITEMS FOR DELIVERY should have an expiration of at least 2 years and above from the date of delivery.				
			62,150.00		Total Offered quotation (in Php)	Php_____

**TERMS AND CONDITIONS:**

1. Bidders shall provide correct and accurate information required in this form.
2. Bidders must quote for all or all the items.
3. Price quotation/s must be valid for a period of thirty (30) calendar days from the date of submission.
4. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.
5. Quotations exceeding the Approved Budget for the contract shall be rejected.
6. 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.
7. Any interlineations, erasures overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
8. The Item/s shall be delivered according to the requirements specified in the Technical Specifications.
9. The GSO/Engineering Office shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Position/Designation

\_\_\_\_\_  
Office Telephone No.

\_\_\_\_\_  
Mobile Phone No./Fax No.

\_\_\_\_\_  
Email address/es