

Republic of the Philippines

City Government of Muntinlupa

National Road Putatan Muntinlupa City

BIDS and AWARDS COMMITTEE

www.muntinlupacity.gov.ph

REQUEST FOR QUOTATION

Da	ate: 8/24/202	23
Quotation	No:2023-044	45

Company Name:	
Address:	
Business Permit No.:	
TIN:	
PhilGEPS Registration No.(required):	
The City Government of Muntinlupa, through its Bids and Awards Corbe given to various constituents of Muntinlupa City", which will be undertaken and Regulations of Republic Act No.9184.	
Please quote your best offer for the item/s described he A copy of the following documents are also required to	
1. Mayor's/Business Permit: (Certified True Copy)	4. PhilGEPS Registration (Certified True Copy)
2. Latest Income Tax (Certified True Copy)	5. Certificate of Registration (Certified True Copy)
3. Omnibus Sworn Statement (Original)	

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. Fallure 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:

\$500 or street	Procu	rement Project		App	roved Budget	for the Contract (ABC) 🖑	
	various medicin of Muntinlupa (e supply to be given to various City	TWO	HUNDRE		O THOUSAND TH	REE HUNI	ORED
Technical Spec	ifications:	••						
QTY 	UNIT OF ISSUE	ITEM DESCRIPTION	Yes	oliance No		REMARKS	A C	,
150	BOXES	AMLODIPINE BESILATE 5MG (100 TABLET)						
150	BOXES	METFORMIN HYDROCHLORIDE 500MG (100 TABLET)						
150	BOXES	LOSARTAN POTASSIUM 50MG (100 TABLET)						



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* '	QTY	UNIT OF ISSUE	ITEM DESCRIPTION	QTY	UNIT OF		REMARKS		TOTAL PRIC	CE.
	150	BOXES	AMLODIPINE BESILATE 5MG (100 TABLET)		-					
	150	BOXES	METFORMIN HYDROCHLORIDE 500MG (100 TABLET)	_	_	_				
	150	BOXES	LOSARTAN POTASSIUM 50MG (100 TABLET)						<u>_</u>	
	PAGE AND A	all	and the second s	222,	300:00	Total Offered q	uotation (in Plip)	P	hp dis	\$-je

TERMS AND CONDITIONS:

- 1. Bidders shall provide correct and accurate information required in this form.
- 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.
- Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.
- 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