

Republic of the Philippines

City Government of Muntinlupa

National Road Putatan Muntinlupa City

BIDS and AWARDS COMMITTEE

www.muntinlupacity.gov.ph

REQUEST FOR QUOTATION

Date: 6/4/2024

| | | | | | Quotation No:2024-0357 | | |
|------------------|----------------------|---|----------------|-------------|---|--|--|
| Company i | Name: | | | | | | |
| Address: | | | | | | | |
| Business P | ermit No.: | | | | | | |
| TIN: | | | | | | | |
| | | o.(required): | | | | | |
| Economic A | | es which will be undertaken in accorda | | | o procure Purchase of Medicines as part of Social & 9 of the 2016 Revised Implementing Rules and | | |
| | | | | | t to the Terms and Conditions provided. d along with your quotation/proposal: | | |
| | | s Permit: (Certified True Copy) | | | EPS Registration (Certified True Copy) | | |
| | | Statement (original) | ici De l'estat | | cate of Registration (Certified True Copy | | |
| | | (Certified True Copy) | | | Clearance (Certified true copy) | | |
| 5. Lates | t income rax | (Certified True Copy) | | o. Tax c | hearance (certified true copy) | | |
| instruction | | fication, you may contact Bids & A | Awards Co | ommittee | e at telephone no.(02)8861-1127 | | |
| (2) Do not alte | er the contents of t | his in any way. | | | | | |
| (3) technical s | pecifications with a | asterisks(*) are mandatory. Failure to comply | with any of th | ne mandator | y requirements will disqualify your | | |
| (4) Failure to f | follow these instruc | ctions will disqualify your entire quotation. | | | | | |
| After | having carefully re- | ad and accepted the Terms and Conditions, I/ | we submit o | | | | |
| | Proc | urement Project | | Appro | ved Budget for the Contract (ABC) | | |
| Purchase of N | Medicines as part o | f Social & Economic Assistance Services | | One Hundr | red Two Thousand Four Hundred Thirty Pesos | | |
| Technical S | pecifications: | | | | | | |
| QTY | UNIT OF ISSUE | ITEM DESCRIPRION | Yes | No | REMARKS | | |
| 75 | bxs | Mefenamic 250mg capsule 100's/box | 1.55 | | | | |
| 60 | bxs | Mefenamic 500mg capsule 100's/box | | | | | |
| 126 | bxs | Amoxicillin 250 capsule 100'5/box | | | | | |
| 25 | bxs | Amoxicillin 28 capsule 100's/box | | | | | |
| 100 | vials | Lidocaine 2% 50 ml vials | | | | | |
| | | | | | | | |
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| | Summary of Approved Budget | | OFFERED QUOTATION | | | |
|-----|----------------------------|--|-------------------|---------|----------------------------------|-------------|
| QTY | UNIT OF ISSUE | ITEM DESCRIPTION | QTY | UNIT OF | ITEM DESCRIPTION | TOTAL PRICE |
| 75 | bxs | Mefenamic 250mg capsule 100's/box | | | | |
| 60 | bxs | Mefenamic 500mg capsule 100's/box | | | | |
| 126 | bxs | Amoxicillin 250 capsule 100'5/box | | | | |
| 25 | bxs | Amoxicillin 28 capsule 100's/box | | | | |
| 100 | vials | Lidocaine 2% 50 ml vials | | | | |
| | | | | | | |
| | | | | | | |
| | | THE STATE OF THE S | P102 | ,430.00 | Total Offered quotation (in Php) | Php |

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.
- 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 shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.

| BICK DAY WEN DO DAY |
|--------------------------|
| Position/Designation |
| Office Telephone No. |
| Mobile Phone No./Fax No. |