



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: 4/10/2025
Quotation No:2025-0236

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 **Supply & Delivery of Drugs & Medicines for Pain Management to be used by Ospital ng Muntinlupa**, 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)	4. PhilGEPS Registration (Certified True Copy)
2. Omnibus Sworn Statement (original)	5. Certificate of Registration (Certified True Copy)
3. Latest Income Tax (Certified True Copy)	6. Tax Clearance (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:

Procurement Project	Approved Budget for the Contract (ABC)
Supply & Delivery of Drugs & Medicines for Pain Management to be used by Ospital ng Muntinlupa	Two Hundred Seventy Six Thousand Eight Hundred Pesos Only

QTY	UNIT OF ISSUE	ITEM DESCRIPTION	Compliance		REMARKS	
			Yes	No		
		ANAESTHETICS - LOCAL & GENERAL				
1200	amps	Ephedrine Sulfate 50mg/ml amp **DD (5% IM)				
		ANALGESIC, ADJUNCT TO ANESTHESIA				
1200	amps	Morphine Sulfate 10mg/ml amp. **DD				
		OPIOD ANALGESIC				

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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 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