

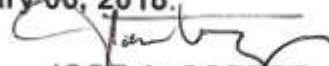


PHILIPPINE PHARMA PROCUREMENT, INC.
Formerly PITC Pharma, Inc. (PPI)
Bids and Awards Committee
REQUEST FOR QUOTATION

Date : February 01, 2018
Quotation No.: **BAC-T/RFQ 2018-02-003**

Bidder's Name : _____
Address : _____
Telefax : _____

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, stating the delivery time and submit your quotation duly signed by your authorized representative no later than **5:00 PM of February 06, 2018.**


JOSE A. CORTEZ
BAC Chairperson

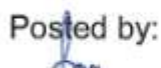
Name of Project : Procurement of Various Generic and Oncology Medicines
Procurement Mode: Negotiated Procurement – Small Value Procurement (Section 53.9)
Classification : Goods
Approved Budget for the Contract (ABC): PhP 807,100.36

ITEM NO.	ITEM DESCRIPTION	UOM	QTY	CEILING PRICE	OFFER	
					Unit	Total
1	Cetirizine (as dihydrochloride) 10mg	tablet	73,800	0.37		
2	Cyclophosphamide 500mg	vial	30	151.00		
3	Diphenhydramine (as hydrochloride) 50mg	capsule	248,500	0.51		
4	Doxycycline (hyclate) 100mg	capsule	1,200	0.88		
5	Glibenclamide 5mg	tablet	1,000	0.336		
6	Imidazole (Ketoconazole) 2% cream 15g	tube	10	55.00		
7	L-Asparaginase 10,000IU Lyophilized powder	vial	60	1,389.00		
8	Lagundi (Vitex Negundo L) 300mg/5mL Syrup 60mL	bottle	2,050	37.50		
9	Meropenem (as trihydrate) 1g powder	vial	2,500	180.25		
10	Mupirocin 2% ointment 5g	tube	678	49.12		
11	Naproxen (as base) 500mg	tablet	1,000	2.45		

Brand, if any _____
Delivery Period _____
Warranty _____
Price Validity _____

After having carefully read and accepted your General Conditions, I/We quote you on the item/s at price quoted above.

Posted by:


Irene A. Neiz
Head, BAC Secretariat

Signature over Printed Name

Tel. No/ Cellphone No. / E-mail Address

Date

NOTE:

1. ALL ENTRIES MUST BE TYPEWRITTEN
2. DELIVERY PERIOD WITHIN THREE (3) CALENDAR DAYS FROM RECEIPT OF PPPI PO
3. WARRANTY PERIOD SHALL BE FOR A MINIMUM OF THREE (3) MONTHS FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY
4. PRICE VALIDITY SHALL BE FOR A PERIOD OF SIXTY (60) CALENDAR DAYS
5. THE FOLLOWING SHALL BE ATTACHED:
 - A. G-EPS Registration Certificate
 - B. Valid Mayor's Permit/Business Permit
 - C. Income Tax Return
 - D. Omnibus Sworn Statement
 - E. Certificate of Product Registration (CPR) for each product
 - F. Certificate of Good Manufacturing Practice (CGMP)
 - G. Valid License to Operate (LTO) issue by the Food and Drug Administration (FDA) as medical device manufacturer/ trader/ distributor/ wholesaler.
6. PRICE/QUOTATION OFFERED INCLUDES VAT OR OTHER APPLICABLE TAXES AND OTHER INCIDENTAL EXPENSES
7. PLEASE SUBMIT YOUR QUOTATION TO PPPI, 2F NDC BUILDING 116 TORDESILLAS ST., SALCEDO VILLAGE, MAKATI CITY C/O MS. MS. IRENE A. NEIZ. **DEADLINE FOR SUBMISSION OF QUOTATION IS ON 5:00PM of FEBRUARY 06, 2018.**
8. PACKAGING: MANUFACTURER'S STANDARD PACKAGING
9. SHELF LIFE: MUST BE AT LEAST EIGHTEEN (18) MONTHS AT THE TIME OF DELIVERY.
10. DELIVERY PLACE: PPPI DESIGNATED PLACE OF DELIVERY
11. LATE BIDS SHALL NOT BE ACCEPTED.
12. FOR OTHER INQUIRIES/CONCERNS ABOUT THE ITEMS, PLEASE CONTACT MS. IRENE A. NEIZ AT TELEPHONE NO. 840-1123 local 118 OR EMAIL US AT www.pitcpharma.com.ph or irene.neiz@pitcpharma.com.ph

Conforme:

Signature over Printed Name of Bidder's Authorized Representative