



PHILIPPINE PHARMA PROCUREMENT, INC.  
Bids and Awards Committee  
**REQUEST FOR QUOTATION**

Date : February 22, 2018  
Quotation No.: BAC-T/RFQ 2018-02-005

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 27, 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 775,584.36

ITEM NO.	ITEM DESCRIPTION	UOM	QTY	CEILING PRICE	OFFER	
					Unit	Total
1	Cetirizine (as dihydrochloride) 10mg	tablet	84,800	0.37		
2	Cyclophosphamide 500mg	vial	30	151.00		
3	Diphenhydramine (as hydrochloride) 50mg	capsule	250,500	0.51		
4	L-Asparaginase 10,000IU Lyophilized powder	vial	80	1,389.00		
5	Lagundi (Vitex Negundo L) 300mg/5mL Syrup 60mL	bottle	450	37.50		
6	Meropenem (as trihydrate) 1g powder	vial	2,500	180.25		
7	Mupirocin 2% ointment 5g	tube	678	49.12		

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 27, 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](http://www.pitcpharma.com.ph) or [irene.neiz@pitcpharma.com.ph](mailto:irene.neiz@pitcpharma.com.ph)

**Conforme:**

\_\_\_\_\_  
Signature over Printed Name of Bidder's Authorized Representative