



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

Date : November 05, 2018
 Quotation No.: **BAC-T/RFQ 2018-11-020**

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 **9:00 AM of November 09, 2018**.

JOSE A. CORTEZ
 BAC Chairperson

Name of Project : Procurement of Nebulizer Kit and Digital BP Monitoring
Procurement Mode: Negotiated Procurement – Small Value Procurement (Section 53.9)
Classification : Goods
Approved Budget for the Contract (ABC): PhP 182,000.00

ITEM NO.	ITEM DESCRIPTION	UOM	QTY	CEILING PRICE	OFFER	
					Unit	Total
1	DIGITAL SPHYGMOMANOMETER Standard Features: <ul style="list-style-type: none"> • Model: Portable • Type: Digital Display • Power Sources: Battery & 220V +/-10VAC • Standard Feature: Pulse Rate Read Out Standard Accessories: <ul style="list-style-type: none"> • Bandage cuff for adult • Appropriate number and kind of batteries • AC Adapter Standard Requirement: <ul style="list-style-type: none"> • One (1) year warranty on parts and services after acceptance • Declaration of conformity with ISO 13485 general and particular standards issued to manufacturer 	Units	115	1,300.00		
2	Nebulizer Set	Units	50	650.00		

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:


Maria Ursula U. Cruz

Signature over Printed Name

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

Date

NOTE:

1. ALL ENTRIES MUST BE TYPEWRITTEN
2. DELIVERY PERIOD WILL BE ON OR BEFORE NOVEMBER 14, 2018 AT PPPI'S DESIGNATED DELIVERY PLACE.
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/BUSINESS PERMIT
 - C. OMNIBUS SWORN STATEMENT
 - D. VALID LICENSE TO OPERATE (LTO) ISSUED BY THE FOOD AND DRUG ADMINISTRATION (FDA) AS MEDICAL DEVICE MANUFACTURER/ TRADER/ DISTRIBUTOR/ WHOLESALER.
 - E. CERTIFICATE OF NON-REGISTRATION FROM FDA.
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. LITZ CRUZ. **DEADLINE FOR SUBMISSION OF QUOTATION IS ON 9:00AM of NOVEMBER 09, 2018.**
8. PACKAGING: MANUFACTURER'S STANDARD PACKAGING.
9. DELIVERY PLACE: PPPI DESIGNATED PLACE OF DELIVERY
10. LATE BIDS SHALL NOT BE ACCEPTED.
11. 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