



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

Date : October 2, 2018
 Quotation No.: **BAC-T/RFQ 2018-09-017**

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 **05:00 P.M of October 5, 2018.**

ATTY. NOEL OLIVER E. PUNZALAN *ju*
 BAC Vice-Chairperson

Name of Project : Procurement of First Aid Kit
 Procurement Mode: Negotiated Procurement – Small Value Procurement (Section 53.9)
 Classification : Goods
 Approved Budget for the Contract (ABC): PhP 8,960.00

ITEM DESCRIPTION	UOM	QTY	CEILING PRICE	OFFER	
				Unit	Total
Basic First Aid Kit <ul style="list-style-type: none"> ○ 10 pcs 4"x4" single pack sterile absorbent gauze pad ○ 25 pcs single pack plastic strips(standard) ○ 10 pcs face mask(standard) ○ 1 pc cotton balls single pack 50's ○ 1 pc Povidone Iodine 120mL plastic bottle ○ 1 pc Isopropyl Alcohol 70% solution 150mL plastic bottle ○ 1 pc Hydrogen Peroxide 3% solution 120mL plastic bottle ○ 1 pc 1" Surgical Tape (Micropore) ○ 1 pc 3" x 5 yards single pack High Elastic Bandage ○ 1 pc Transparent Bag (standard with PAGCOR Logo Sticker) 	Kit	32	280.00		

Brand, if any _____
 Delivery Period _____
 Warranty _____

2/F National Development Company (NDC) Building
 116 Tordesillas St. Salcedo Village, Makati City 1227, Philippines

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

Posted by:


Maria Ursulita U. Cruz

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. PhilGEPS Registration Certificate
 - B. Valid Mayor's/Business Permit
 - C. Valid License to Operate (LTO) issue by the Food and Drug Administration (FDA) as medical device manufacturer/ trader/ distributor/ wholesaler.
 - D. Certificate of Product Registration for Povidone Iodine, Alcohol and Hydrogen Peroxide
 - 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. IRENE A. NEIZ. DEADLINE FOR SUBMISSION OF QUOTATION IS ON 5:00P.M. of OCTOBER 05, 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