



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

Date : September 20, 2018  
Quotation No.: **BAC-T/RFQ 2018-09-015**

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 September 24, 2018.**

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

Brand, if any \_\_\_\_\_  
Delivery Period \_\_\_\_\_  
Warranty \_\_\_\_\_

2/F National Development Company (NDC) Building  
116 Tordesillas St., Alabang 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:

  
Ma. Ursulita U. Cruz

\_\_\_\_\_  
Signature over Printed Name

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

\_\_\_\_\_  
Date

FOR THE ITEMS, PLEASE CONTACT  
123 local 118 OR EMAIL  
123@123.com

Authorized Representative

**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 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 SEPTEMBER 24, 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](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