

Republic of the Philippines
Province of Davao del Norte
BIDS AND AWARDS COMMITTEE
Government Center, Mankilam, Tagum City

Quotation No. : C20212892

Date : June 25, 2021

Page : 1

PR Number : 2106-3101

PURSUANT TO THE PERTINENT PROVISION OF REPUBLIC ACT NO. 9184 AND ITS IMPLEMENTING RULES AND REGULATIONS, PLEASE QUOTE YOUR UNIT, TOTAL AND GRAND/LOT PRICE OF THE ITEMS LISTED HEREUNDER, WHICH THE PROVINCE OF DAVAO DEL NORTE DESIRES TO PURCHASE. SHOULD THE BIDS AND AWARDS COMMITTEE FIND YOUR PRICE REASONABLE, RESPONSIVE AND LOWEST IN THE MARKET, YOU WILL BE OFFICIALLY NOTIFIED AS TO THE DATE OF DELIVERY. IN CASE THERE IS A FAILURE OF DELIVERY AND/OR LATE DELIVERIES, LIQUIDATED DAMAGES SHALL BE IMPOSED AND BE CHARGED AGAINST YOUR PRESENT OR FUTURE TRANSACTIONS. THE PROVINCIAL GOVERNMENT OF DAVAO DEL NORTE RESERVES THE RIGHT TO ACCEPT OR REJECT ANY BID, TO ANNUL THE BIDDING PROCESS, AND TO REJECT ALL BIDS ANY TIME PRIOR TO CONTRACT AWARD, WITHOUT THEREBY INCURRING ANY LIABILITY TO THE AFFECTED BIDDER/S.

Item No.	Qty./Unit	Item	Quotation	
			Unit Price	Total Amount
1	10 boxes	Cotrimoxazole 800mg,100's	_____	_____
2	5 boxes	Domperidon 10mg,100's	_____	_____
3	5 boxes	Tranexamic Acid 500mg,100's	_____	_____
4	10 boxes	Olanzapine 10mg	_____	_____
5	2 boxes	Betahistine Dihydrochloride 8mg,100's	_____	_____
6	100 tabs	Acetyl cysteine effervescent 600mg	_____	_____
7	10 boxes	Phenyl hydrochloride, paracetamol 10mg mg/500mg, 100's	_____	_____
8	10 boxes	Co-Amoxiclav 625mg	_____	_____
9	5 boxes	Azithromycin (Film-coated tablet) 500mg	_____	_____
10	5 tubes	Antifungal cream	_____	_____
11	10 bots	Hexetidine 60ml - Branded	_____	_____
12	10 bots	Methyl salicylate 100ml	_____	_____
13	10 tubes	Miconazole cream Daktarin 20mg	_____	_____
14	10 bots	PNSS 500ml/0.9 Sodium chloride - Plastic bottles, 1000ml	_____	_____
15	1 box	I.V. Cannula Gauge 20/22/24/26, 100pcs/box - Branded	_____	_____
16	20 pcs	MAcroset / IV infusion set, adult - Branded	_____	_____
17	25 boxes	Ascorbic Acid 500mg,100's	_____	_____
18	10 boxes	Vitamin B Complex (B1,B6,B12) 100mg+5mg+50 tablets	_____	_____
19	10 boxes	Ferrous sulfate+Folic Acid 60mg elemental iron+400mcg Folic acid tablet	_____	_____
20	40 packs	Dichlorobenzyl lozenges - 8 lozenges per pack	_____	_____
21	5 boxes	Cinnarizine 10mg,100's	_____	_____

To provide drugs and medicines for the residents.

Approved Budget for the Contract : P 64,747.85

PLACE OF DELIVERY : PGSO Warehouse

DATE OF OPENING OF CANVASS: July 02, 2021TIME OF OPENING OF CANVASS: 09:00:00 AM

VERY TRULY YOURS,

SUPPLIERS MUST SPECIFY/INDICATE BRAND NAMES UPON QUOTATION
Failure to specify, may be a ground for disqualification.

ENGR. GLENN A. OLANDRIA
(Provincial Engineer)
BAC CHAIRPERSON

I HEREBY CERTIFY:

- 1) THE ABOVE PRICES OF THE ITEMS HEREIN DESCRIBED ARE CURRENT AND VALID FOR 120 DAYS FROM DATE OF THE OPENING OF CANVASS.
- 2) IN CASE THE PROVINCE OF DAVAO DEL NORTE WILL OFFICIALLY NOTIFY THAT THE ITEMS WILL BE PROCURED FROM MY/OUR ESTABLISHMENT, THE STOCKS ARE READILY AVAILABLE OFF-THE-SHELF.

NAME OF ESTABLISHMENT _____

ADDRESS _____

Please check whether VAT or Non-VAT

V.A.T.

Non-V.A.T.

PhilGEPS Registration No.:

T.I.N. No. _____ TEL./FAX No. : _____

SIGNATURE

PRINTED NAME

CANVASS BY: _____

Signature Over Printed Name

POSITION

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Item No.	Qty./Unit	Item	Quotation	
			Unit Price	Total Amount
22	5 boxes	Domperidone 10mg, 100's		

* * * GRAND/LOT PRICE : P _____

Terms and Condition :

The following documentary requirements shall be submitted together with the Price Quotation Form or Canvass as requisite for award:

- a) Mayor's/Business Permit
- b) PhilGEPS Registration Number

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NAME OF ESTABLISHMENT _____

ADDRESS _____

Please check whether VAT or Non-VAT V.A.T. Non-V.A.T. PhilGEPS Registration No.: _____

T.I.N. No. _____ TEL./FAX No. : _____

SIGNATURE

PRINTED NAME

CANVASS BY: _____

Signature Over Printed Name

POSITION