



**REPUBLIC OF THE PHILIPPINES
PROVINCE OF PAMPANGA
MUNICIPALITY OF FLORIDABLANCA**

BIDS AND AWARDS COMMITTEE

REQUEST FOR QUOTATION

The Municipality of Floridablanca, will undertake Shopping for the “Purchase of Assorted Medicines to be used for Field Consultation in Geographically Isolated and Depressed Areas in this Municipality” in accordance with the Implementing Rules and Regulations of Republic Act No. 9184.

Name of Project: Purchase of Assorted Medicines to be used for Field Consultation in Geographically Isolated and Depressed Areas in this Municipality

Location: Municipality of Floridablanca

Approved Budget for the Contract: One Hundred Six Thousand Two Hundred Sixty Pesos (P 106,260.00)

Delivery Date: Within Fifteen (15) Days upon approval and receipt of Purchase Order

Interested suppliers are required to submit their valid and current Mayor’s Permit, Philgeps Registration Certificate and Price Proposal (Annex A).

Submission of proposal and eligibility documents is on September 24, 2020 to September 28, 2020 before 5:00 P.M. address to Mr. Albert P. Soto at the Procurement Office, Municipality of Floridablanca, Floridablanca, Pampanga or you can email your current Mayor’s Permit, Philgeps Registration Certificate and Price Proposal (Annex A) at dampilmarkjoseph@yahoo.com

Annex "A"

PRICE QUOTATION FORM

Date

BAC Members
Municipality of Floridablanca
Floridablanca, Pampanga

Sir /Madam:

After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our quotation/s for the item/s as follows:

Item No.	Item Description	Quantity	Unit of Issue	Estimated Unit Price	Estimated Total Price
1	Amoxicillin 500 mg capsule	70	Box	255.00	17,850.00
2	Amoxicillin 250 mg suspension	100	Bottle	29.00	2,900.00
3	Amoxicillin drops	100	Bottle	28.00	2,800.00
4	Cotrimoxazole 160/800 mg tablet	70	Box	320.00	22,400.00
5	Decongestant drops	100	Bottle	28.00	2,800.00
6	Syndex tablets	10	Box	335.00	3,350.00
7	Chlorpheniramine tablet	30	Box	150.00	4,500.00
8	Terbutaline tablet	30	Box	140.00	4,200.00
9	Paracetamol 500 mg tablet	20	Box	130.00	2,600.00
10	Paracetamol 250 mg syrup	100	Bottle	28.00	2,800.00
11	Paracetamol drops	100	Bottle	26.00	2,600.00
12	Dicycloverine tablet	10	Box	125.00	1,250.00
13	Antacid 500 mg tablet	10	Box	185.00	1,850.00
14	Bromhexine tablet	30	Box	135.00	4,050.00
15	Mefenamic acid 500 mg tablet	20	Box	220.00	4,400.00
16	Multivitamin capsule	30	Box	495.00	14,850.00
17	Multivitamin 60ml syrup	100	Bottle	28.00	2,800.00
18	Diphenhydramine 25 mg tablet	6	Box	210.00	1,260.00
19	Non sterile cotton 500 gms	20	Wads	200.00	4,000.00
20	Cetirizine 10mg tablet	20	Box	150.00	3,000.00
				TOTAL	106,260.00

(Amount in Words) _____

The above-quoted prices are inclusive of all costs and applicable taxes.

Very truly yours,

Name/Signature of Representative

Name of Company

Contact No.

Annex "A"

PRICE QUOTATION FORM

Date

BAC Members
Municipality of Floridablanca
Floridablanca, Pampanga

Sir /Madam:

After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our quotation/s for the item/s as follows:

Item No.	Item Description	Quantity	Unit of Issue	Unit Price	Total Price
1	Amoxicillin 500 mg capsule	70	Box		
2	Amoxicillin 250 mg suspension	100	Bottle		
3	Amoxicillin drops	100	Bottle		
4	Cotrimoxazole 160/800 mg tablet	70	Box		
5	Decongestant drops	100	Bottle		
6	Syndex tablets	10	Box		
7	Chlorpheniramine tablet	30	Box		
8	Terbutaline tablet	30	Box		
9	Paracetamol 500 mg tablet	20	Box		
10	Paracetamol 250 mg syrup	100	Bottle		
11	Paracetamol drops	100	Bottle		
12	Dicycloverine tablet	10	Box		
13	Antacid 500 mg tablet	10	Box		
14	Bromhexine tablet	30	Box		
15	Mefenamic acid 500 mg tablet	20	Box		
16	Multivitamin capsule	30	Box		
17	Multivitamin 60ml syrup	100	Bottle		
18	Diphenhydramine 25 mg tablet	6	Box		
19	Non sterile cotton 500 gms	20	Wads		
20	Cetirizine 10mg tablet	20	Box		
				TOTAL	

(Amount in Words) _____

The above-quoted prices are inclusive of all costs and applicable taxes.

Very truly yours,

Name/Signature of Representative

Name of Company

Contact No.