



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

**BIDS AND AWARD COMMITTEE**

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**REQUEST FOR QUOTATION**

The Municipality of Floridablanca, will undertake Shopping for the "Purchase of Assorted Medicines to be used as Stock for Emergency Preparedness and Disaster" in accordance with the Implementing Rules and Regulations of Republic Act No. 9184.

Name of Project: Purchase of Assorted Medicines to be used as Stock for Emergency Preparedness and Disaster

Location: Municipality of Floridablanca

Approved Budget for the Contract: One Hundred Eighty Three Thousand Pesos (P 183,000.00)

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

Interested supplier's 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 February 11, 2021 to February 16, 2021 before 5:00 P.M. address to Mr. Albert P. Soto at the Procurement Office, Municipality of Floridablanca, Floridablanca, Pampanga.

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	Total Price
1	Amoxicillin 100 mg drops	300	Bottle	28.00	8,400.00
2	Amoxicillin 250mg suspension	300	Bottle	29.00	8,700.00
3	Amoxicillin 500 mg capsule	50	Box	310.00	15,500.00
4	Vanoprazan Tablet	200	Tab	85.00	17,000.00
5	Cotrimoxazole 160/800 mg tablet	50	Box	280.00	14,000.00
6	Paracetamol Drops	300	Bottle	24.00	7,200.00
7	Paracetamol 250 mg syrup	300	Bottle	26.00	7,800.00
8	paracetamol 500 mg tablet	50	Box	125.00	6,250.00
9	Mefenamic Acid 500 mg tablet	40	Box	140.00	5,600.00
10	Antacid 500 mg tablet	25	Box	110.00	2,750.00
11	Dicycloverine tablet	20	Box	110.00	2,200.00
12	Loperamide tablet	20	Box	105.00	2,100.00
13	Symdex tablet	65	Box	250.00	16,250.00
14	Plendil 5mg tab	8	Box	800.00	6,400.00
15	Chlorphenamine tablet	60	Box	110.00	6,600.00
16	Salbutamol tablet	50	Box	105.00	5,250.00
17	Decongestant drops	300	Bottle	26.00	7,800.00
18	Decongestant syrup	300	Bottle	28.00	8,400.00
19	Multivitamin drops	300	Bottle	26.00	7,800.00
20	Multivitamin syrup	300	Bottle	28.00	8,400.00
21	Multivitamin capsule	60	Box	270.00	16,200.00
22	Cinnarizine tablet	20	Box	120.00	2,400.00
<b>TOTAL</b>					<b>P 183,000.00</b>

(Amou **One Hundred Eighty Three Thousand Pesos**)

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

Item No.	Item Description	Quantity	Unit of Issue	Unit Price	Total Price
1	Amoxicillin 100 mg drops	300	Bottle		
2	Amoxicillin 250mg suspension	300	Bottle		
3	Amoxicillin 500 mg capsule	50	Box		
4	Vanoprazan Tablet	200	Tab		
5	Cotrimoxazole 160/800 mg tablet	50	Box		
6	Paracetamol Drops	300	Bottle		
7	Paracetamol 250 mg syrup	300	Bottle		
8	paracetamol 500 mg tablet	50	Box		
9	Mefenamic Acid 500 mg tablet	40	Box		
10	Antacid 500 mg tablet	25	Box		
11	Dicycloverine tablet	20	Box		
12	Loperamide tablet	20	Box		
13	Symdex tablet	65	Box		
14	Plendil 5mg tab	8	Box		
15	Chlorphenamine tablet	60	Box		
16	Salbutamol tablet	50	Box		
17	Decongestant drops	300	Bottle		
18	Decongestant syrup	300	Bottle		
19	Multivitamin drops	300	Bottle		
20	Multivitamin syrup	300	Bottle		
21	Multivitamin capsule	60	Box		
22	Cinnarizine tablet	20	Box		

(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.