



## REQUEST FOR QUOTATION

Date: 24 August 2023

RFQ No.: R1 100-23-06-1337

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Store/Shop: \_\_\_\_\_

Address: \_\_\_\_\_

TIN: \_\_\_\_\_

PhilGEPS Registration Number: \_\_\_\_\_

The City Government of Pasig, through the Bids and Awards Committee (BAC), intends to procure **Supply and Delivery of Various Medical and Dental Supplies for the 450<sup>th</sup> Celebration of Araw ng Pasig – Office of the City Mayor's** with an Approved Budget for the Contract (ABC) of **Php 942,620.00**, in accordance with **Section 53.9** of the 2016 revised Implementing Rules and Regulations of Republic Act No. 9184. Please quote your best offer for the item in the table below.

The Project shall be awarded as One Project having several items that shall be awarded as one contract. Quotations received exceeding each total Cost per Item and/or the total Approved Budget for the Contract shall be rejected.

					Approved Budget		Price Offer	
Item No.	Item Description	Brand Name <small>(PLEASE DO NOT LEAVE BLANK)</small>	QTY	UOM	Unit Cost	Total Cost	Unit cost	Total Cost
1	<b>Impression paste,</b> - 1lb dust free color changing normal set minth flavor dental impreaaion material		180	pack	1,188.00	213,840.00		
2	<b>Cast stone,</b> - Yellow, 1kg dental cast stone		180	pack	1,020.00	183,600.00		
3	<b>Bite Wax,</b> - 3.75 inches x 3.75 inches yellow dental wax		2000	pcs	34.00	68,000.00		
4	<b>Impression Tray,</b> - cold sterilizable medical grade polystyrene plastic perforated upper and lower impression tray with bevelled retention slots, with occlusal rim, smooth rounded edges and longer handle of at least 6.3cm (5 pairs Small ( blue no. 3), 400 pairs Medium (green no. 4), 50 pairs Large (yelloq no. 5)		500	set	450.00	225,000.00		
5	<b>Effervescent Germicidal tablet,</b> - 30 Tabs per bottle .5g effervescent tab. Active ingredient: Sodium Dichloroisocyanurate		3	bottle	4,200.00	12,600.00		
6	<b>Alcohol Torch,</b>		10	pcs	660.00	6,600.00		



	- Denatured alcohol torch plastic boy with metal torch tips with wick for dental use, 90ml, 10x3x3.15 inches							
7	<b>Wax Carvers (stainless steel),</b> - high grade medical stainless steel hollenback carver with atleast 9.5mm hollow ultra light stainless steel handle rust resistant and non-stick with at least 22.2225cm x 2.032 cm x 3.81 cm dimensions		20	pcs	576.00	11,520.00		
8	<b>Rubber bowl,</b> - Multi colored large nonstick flexible rubber dental mixing bowl, 4.96x4.96x3.15 inches		75	pcs	60.00	4,500.00		
9	<b>Spatula,</b> - Plastic alginate mixing spatula, 8.39x2.28x1.18 inches		75	pcs	60.00	4,500.00		
10	<b>Acrylic Bur,</b> - 5 sets ( at least 2.35 mm shank set of 8: 2 x-cut medium arcylic lab tungsten carbide bur, 2 initial polishing silicone rubber bur, 2 medium polishing silicone rubber bur, 2 fine polishing silicone rubber bur in hard plastic kit)		5	set	1,262.00	6,310.00		
11	<b>Denture Adhesive Cream,</b> - Fresh mint, 20g, poly (methylvinlether/maleic acid) sodium-calcium mixed partial salt, carboxymethylcellulose, zinc-free		500	pcs	250.00	125,000.00		
12	<b>Denture cleanser,</b> - 6 Tablets/Pack - Sodium Bicarbonate - Citric-Acid - Potassium Caroate - Sodium Carbonate - Sodium Peroxide		500	pack	150.00	75,000.00		
13	<b>Denatured Alcohol,</b> - 450ml with resealable cao		20	btls	120.00	2,400.00		
14	<b>Brown, Paper Bag,</b> - 55gsm with dimension of at least 5x2.75x9.50 inches, 50pcs/pack		30	pack	125.00	3,750.00		
<b>Note:</b> Other terms and conditions are stipulated in the attached Terms of Reference, if any.			<b>Total</b>		<b>942,620.00</b>			
<b>DELIVERY TERM:</b> Please refer to the Terms of Reference.								


*\*Indicate the BRAND NAME or MANUFACTURER NAME and the specific MODEL to be offered or attach a BROCHURE for the offered item; items including but not limited to clothing, vehicle, equipment, devices, electronics, machines, drugs, medicines, medical supplies must be branded or at the very least, manufacturer shall be indicated.*


**Submit this Quotation (Accomplished and duly signed by the Owner or the respective Authorized Representative indicated in the Secretary's Certificate/Special Power of Attorney) not later than the closing date specified in the Bid Notice Abstract posted in PhilGEPS website along with the following documents:**

- **Mayor's/Business Permit** (or a recently expired Mayor's/Business permit together with the official receipt as proof that the prospective bidder has applied for renewal within the period prescribed by the concerned local government unit subject to submission of the Mayor's

Caruncho Avenue, Brgy. San Nicolas, Pasig City, Philippines 1600



(02) 8643-1111 \* (02) 8641-1111 loc 1461 \*  bidsandawards@pasigcity.gov.ph \*

 pasigcity.gov.ph

Permit before the award of contract). The nature of business as stated in the Mayor's/Business Permit should at the very least be similar or related to the project to be bid.

- **PhilGEPS Registration Number**
- **Income Tax Return** - Latest Income or Business Tax Returns filed and paid through the BIR Electronic Filing and Payment System (EFPS).

In accordance with Revenue Regulation No. 3-2005, the above-mentioned tax returns shall refer to the following:

1. Latest Income Tax Return (ITR) - For participants already with an Annual ITR, latest ITR shall refer to the ITR for the preceding Tax Year be it on a calendar or fiscal year. For new establishments which, therefore, have no annual ITR yet, it shall refer to the most recent quarter's ITR.
  2. Latest Business Tax Return - refers to the Value Added Tax (VAT) or Percentage Tax returns covering the previous six (6) months.
- Accomplished and notarized **Omnibus Sworn Statement** ([https://www.gppb.gov.ph/assets/forms/Omnibus%20Sworn%20Statement\(Revised\).docx](https://www.gppb.gov.ph/assets/forms/Omnibus%20Sworn%20Statement(Revised).docx))
  - **Proof of Authorization: Secretary's Certificate** if corporation, or **Special Power of Attorney**, if individual.

#### **ADDITIONAL REQUIREMENTS:**

For Procurement of Drugs and Medicines:

Documents from the Food and Drug Administration (FDA):

- a. Certificate of Product Registration;
- b. Certificate of Good Manufacturing Practice;
- c. License to Operate;
- d. Batch Release Certificate (*for vaccines, toxoids and immunoglobulins only*) [*to be submitted upon delivery*]; and
- e. Certificate of Analysis (*for anesthesia and antibiotics*) [*to be submitted upon delivery*].

If the Supplier is not the Manufacturer, a certification from the Manufacturer that the supplier is an authorized distributor/dealer of the products/items.

Please submit the accomplished Quotation and required documents on or before the deadline of submission at the Bids and Awards Committee (BAC) through the **Procurement Management Office (BAC Secretariat Office), 4<sup>th</sup> Floor, Pasig City Hall, San Nicolas, Pasig City.**

All documents should be submitted in a sealed brown envelope addressed to the "Bids and Awards Committee, 4<sup>th</sup> Floor, Pasig City Hall", and properly marked with the Project Title as provided herein.

The CITY GOVERNMENT OF PASIG reserves the right to reject any and all bids, declare a failure of bidding, or not award the contract at any time prior to contract award in accordance with Sections 35.6 and 41 of the 2016 revised IRR of RA No. 9184, without thereby incurring any liability to the affected bidder or bidders.

For any clarification, you may contact us at telephone no. (02) 8641-1111 / (02) 8643-1111 loc. 1461 or email address at [bidsandawards@pasigcity.gov.ph](mailto:bidsandawards@pasigcity.gov.ph)

**SGD**


**ATTY. PONCE MIGUEL D. LOPEZ**


Officer in Charge, Procurement Management Office

---

Caruncho Avenue, Brgy. San Nicolas, Pasig City, Philippines 1600



(02) 8643-1111 \* (02) 8641-1111 loc 1461 \*  [bidsandawards@pasigcity.gov.ph](mailto:bidsandawards@pasigcity.gov.ph) \*

 [pasigcity.gov.ph](http://pasigcity.gov.ph)

Page 3 of 4 | RFQ No. R1 100-23-06-1337 | RLD

I hereby certify that I have read and agree to this Request for Quotation, its Terms of Reference, and Bid Bulletin/s, if any. I further certify that the products to be delivered will conform to the specifications stated in the Item Description.

Conforme:

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


\_\_\_\_\_  
Position


Duly authorized to sign quotation/offer for and on behalf of \_\_\_\_\_  
(Please indicate Company Name)

---

Caruncho Avenue, Brgy. San Nicolas, Pasig City, Philippines 1600



(02) 8643-1111 \* (02) 8641-1111 loc 1461 \*  bidsandawards@pasigcity.gov.ph \*

 pasigcity.gov.ph

**TERMS OF REFERENCE FOR THE PROCUREMENT OF DIFFERENT MEDICAL AND DENTAL SUPPLIES FOR DENTAL SENIOR PROGRAM (DENTURE)**

**CY- 2023**

**PROPONENT OR IMPLEMENTING AGENCY: PASIG DENTAL SECTION**

**SCOPE OF WORK:**

- 1. Should provide the goods needed by the end-user for the implementation of the said program.
- 2. Shall follow the schedule/s given by the end user for delivery of goods.
- 3. Make sure that the items for delivery must have a minimum of 2 years date of expiry upon delivery and must be indicated in the packaging of perishable each item.


**DELIVERY TERMS (SCHEDULE AND SITE):**

- 1. Delivery term- supplier upon receipt of the approved Notice to proceed shall supply the items within 30 days
- 2. Supplier shall ensure that all goods are properly delivered to Medical Depot in a good manner to avoid physical damage, breakage and spillage of the items.
- 3. Supplier shall replace any damaged or broken items free of charge within specified time as requested by Pasig Dental Section.
- 4. Supplier must coordinate delivery with Pasig Dental Section at least three days prior to delivery for endorsement purposes in anticipation of other circumstances that may arise.

**TERMS OF PAYMENT:**

- 1. All delivered items must be reflected on the Delivery receipts and Sales invoices and must be submitted to the end user on the day of the delivery.
- 2. Supplier must attach all necessary documents required by Accounting Department for the processing of payment.
- 3. Payment terms: Processing of payment upon completion of delivery with acceptance and inspection report.

Prepared by:

  
**Francisca Jona Joy C. Panopio, DMD**  
 Dental Supervisor