



REQUEST FOR QUOTATION

Date: 19 September 2023

RFQ No.: 100-23-07-1992

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 Sevoflurane 250ml Liquid Inhalation – Pasig City Children’s Hospital** with an Approved Budget for the Contract (ABC) of **Php 450,000.00**, 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.

Item No.	Item Description	Brand Name <small>(PLEASE DO NOT LEAVE BLANK)</small>	QTY	UOM	Approved Budget		Price Offer	
					Unit Cost	Total Cost	Unit cost	Total Cost
1	Sevoflurane 250ml Liquid Inhalation		30	bottle	15,000.00	450,000.00		
Note: Other terms and conditions are stipulated in the attached Terms of Reference, if any.			Total		450,000.00			
DELIVERY TERM: 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.*



TERMS OF REFERENCE

SMALL VALUE FOR VARIOUS DRUGS AND MEDICINES FOR THE USE OF PASIG CITY CHILDREN'S HOSPITAL CY 2023

1. Minimum of 2 years expiration date in each item (s) and for below 2years expiration date, letter of assurance or guarantee should be attach in the sales invoice upon delivery, stating the item (s) will be replaced with a minimum expiration of 18 months.
2. Place of delivery: Pasig City Children's Hospital - Child's Hope with the presence of one staff from City GSO asset and PSR for inspection and acceptance.
3. Terms of delivery will be 30 calendar days upon notice to proceed and purchase order are approved and issued.

Prepared by:





Cristina C. Ayala, RPh.

Head- Pharmacy Section

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

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

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 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), 4th 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, 4th Floor, Pasig City Hall", and properly marked with the Project Title as provided herein.

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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



ATTY. PONCE MIGUEL D. LOPEZ
Officer in Charge, Procurement Management Office

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)

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