

REQUEST FOR QUOTATION
SHP 05-24

The **Municipality of Guagua**, through its Bid and Awards Committee (BAC), invites Licensed Suppliers/ Manufacturers/ Distributors/ Trading/ Retailers to bid/submit price quotations for the project: **Procurement of Medicines to be used for Medical Mission in this Municipality** in accordance with the Alternative Methods of Procurement, Section 52. Shopping of the Revised Implementing Rules and Regulation of Republic Act No. 9184.

Name of Project: **Procurement of Medicines to be used for Medical Mission in this Municipality**

Location: Municipality of Guagua, Plaza Burgos, Guagua, Pampanga

Brief Description: Procurement of various medicines

Approved Budget for the Contract: PhP 199,835.75

Contract Duration: 7 calendar days

Submission of quotation documents is on or before **February 19, 2024 at 9:00 AM** at the same address indicated above. Late submission shall not be accepted.

The forms, which are part of the quotation documents, shall be the same forms to be submitted by the bidders for their compliance with the schedule of requirements, technical specifications, and financial proposal submission sheet. Non-compliance therewith shall be a ground for disqualification. The "No Contact Rule" shall apply. Bidders are not allowed to call or talk to any member of the BAC, TWG, or Secretariat right after the opening of the quotation documents.

The proponent determined to have the Lowest Calculated Bid must be PhilGEPS registered and shall submit its company's valid and current Mayor's or Business Permit.

The Municipality of Guagua hereby reserves the right to accept or reject any or all quotations and to impose additional terms and conditions as it may deem proper.

For inquiry, you may call Ms. Ilona G. Bansil at telephone no. (045) 900-2391 or email at lgugua.bac@gmail.com

Very truly yours,

(Sgd.)

RAUL G. NAGUIT

BAC Chairperson

SCHEDULE OF REQUIREMENTS

Description	Quantity	Unit	Unit Price	Total Amount
CEFUROXIME 500MG TABLET 10'S [AEROX]	30	BOX		
CO-AMOXICLAV 625MG TABLET 14'S [RANICLAV]	30	BOX		
CEFIXIME 200MG TABLET 30'S [SUPRAPHIL]	10	BOX		
AZITHROMYCIN TABLET 500MG 3'S [ZITHMAC]	60	BOX		
CEFUROXIME 250MG/5ML SUSPENSION 60ML [FURO]	80	BTL		
CO-AMOXICLAV 250MG/62.5MG/5ML SUSPENSION 60ML [MEOXICLAV-DS]	80	BTL		
CEFIXIME 100MG SUSPENSION 60ML [CEFIXSAPH]	80	BTL		
AZITHROMYCIN 200MG/15ML SUSPENSION [ATHRODIM]	80	BTL		
PARACETAMOL 500MG TABLET 100'S [RANIGESIC]	20	BOX		
PARACETAMOL 125MG SUSPENSION 60ML [MILGESIC]	144	BTL		
PARACETAMOL 100MG DROPS SUSPENSION 15ML [MILGESIC]	144	BTL		
MEFENAMIC ACID 500MG CAPSULE 100'S [MYREFEN]	10	BOX		
IBUPROFEN 400MG TABLET 100'S [IBUFEN]	10	BOX		
CELECOXIB 200MG CAPSULE 100'S [EMICOX]	10	BOX		
PARA 325 + PHENYL + CPM TABLET 100'S [SYMDEX]	20	BOX		
CETIRIZINE 10MG TABLET 100'S [TRACEN]	20	BOX		
PARA 325 + PHENYL + CPM SYRUP 60ML [SYMDEX]	144	BTL		
CETIRIZINE 5MG SYRUP 60ML [CETIREX]	144	BTL		
SALBUTAMOL 2MG TABLET 100'S [VENTOMAX]	10	BOX		
SALBUTAMOL + GUIAFENESIN CAPSULE 100'S [VENTREX]	10	BOX		
AMBROXOL 30MG TABLET 100'S [COUXIN]	10	BOX		
SALBUTAMOL 2MG SYRUP 60ML [NOBUTOL]	144	BTL		
SALBUTAMOL + GUIAFENESIN SYRUP 60ML [BUTAMOL PLUS]	144	BTL		
CARBOCISTEINE 250MG SYRUP 60ML [CEASOL]	144	BTL		
AMBROXOL 15MG SYRUP 60ML [BROXOLVAN]	144	BTL		
DOMPERIDONE 10MG TABLET 100'S [MERIDON]	5	BOX		
DOMPERIDONE 1MG SUSPENSION 60ML [ACCEDOME]	30	BTL		
OMEPRAZOLE 40MG CAPSULE 100'S [INHIBITA]	5	BOX		
PANTOPRAZOLE 40MG TABLET 100'S [PANCER]	5	BOX		

LASARTAN POTASSIUM 50MG TABLET 100'S [LOSAAR]	50	BOX		
AMLODIPINE BESILATE 5MG TABLET 100'S [PHILVASC]	50	BOX		
METOPROLOL 50MG TABLET 100'S [PROMETIN]	20	BOX		
LOSARTAN POTASSIUM 100MG TABLET 100'S [LOSAAR]	20	BOX		
AMLODIPINE BESILATE 10MG TABLET 100'S [AMLOTHIX]	20	BOX		
METORPOLOL 100MG TABLET 100'S [PROLOL]	10	BOX		
METFORMIN 500MG TABLET 100'S [GLYCEMET]	60	BOX		
GLICLAZIDE 80MG TABLET 100'S [ZEBET]	30	BOX		
GLIMEPIRIDE 2MG TABLET 100'S [GLIMESAPH]	30	BOX		
GLICLAZIDE 60MG TABLET 100'S [SAPHCLAZIDE]	30	BOX		
GLICLAZIDE 30MG TABLET 100'S [GLIMCOSE]	30	BOX		
MULTIVITAMINS CAPSULE 100'S [MULTIVIT-PLUS]	30	BOX		
SODIUM ASCORBATE + ZINC CAPSULE 100'S [PROTEC-ZINC]	30	BOX		
VITAMIN B COMPLEX TABLET 100'S [AMCOVIT-B]	30	BOX		
MULTIVITAMINS SYRUP 60ML [MYVERIT]	100	BTL		
ASCORBIC ACID + ZINC SYRUP 60ML [IMUCOR Z]	100	BTL		
SIMVASTATIN 20MG TABLET 100'S [PHILSTAT]	30	BOX		
ATORVASTATIN 20MG TABLET 100'S [BRELVASTATIN]	30	BOX		
SIMVASTATIN 40MG TABLET 100'S [ZIMVAST]	15	BOX		
ATORVASTATIN 40MG TABLETY 100'S [FREDTOR]	15	BOX		
FEBUXOSTAT 40MG TABLET 30'S [AFIXOSTAT]	15	BOX		
FENOFIBRATE 200MG CAPSULE 100'S [FENORIX]	15	BOX		
KETOANALOGUE + ESSENTIAL ACIDS 100'S [KETOMIRIN]	15	BOX		

TOTAL:

I hereby certify to comply and deliver all the above requirements.

Name of Company/Bidder

Signature over Printed Name of Bidder
or Representative

Date

TECHNICAL SPECIFICATIONS

Item	Specification			Statement of Compliance
	Description	Quantity	Unit	
1	CEFUROXIME 500MG TABLET 10'S [AEROX]	30	BOX	
2	CO-AMOXICLAV 625MG TABLET 14'S [RANICLAV]	30	BOX	
3	CEFIXIME 200MG TABLET 30'S [SUPRAPHIL]	10	BOX	
4	AZITHROMYCIN TABLET 500MG 3'S [ZITHMAC]	60	BOX	
5	CEFUROXIME 250MG/5ML SUSPENSION 60ML [FURO]	80	BTL	
6	CO-AMOXICLAV 250MG/62.5MG/5ML SUSPENSION 60ML [MEOXICLAV-DS]	80	BTL	
7	CEFIXIME 100MG SUSPENSION 60ML [CEFIXSAPH]	80	BTL	
8	AZITHROMYCIN 200MG/15ML SUSPENSION [ATHRODIM]	80	BTL	
9	PARACETAMOL 500MG TABLET 100'S [RANIGESIC]	20	BOX	
10	PARACETAMOL 125MG SUSPENSION 60ML [MILGESIC]	144	BTL	
11	PARACETAMOL 100MG DROPS SUSPENSION 15ML [MILGESIC]	144	BTL	
12	MEFENAMIC ACID 500MG CAPSULE 100'S [MYREFEN]	10	BOX	
13	IBUPROFEN 400MG TABLET 100'S [IBUFEN]	10	BOX	
14	CELECOXIB 200MG CAPSULE 100'S [EMICOX]	10	BOX	
15	PARA 325 + PHENYL + CPM TABLET 100'S [SYMDEX]	20	BOX	
16	CETIRIZINE 10MG TABLET 100'S [TRACEN]	20	BOX	
17	PARA 325 + PHENYL + CPM SYRUP 60ML [SYMDEX]	144	BTL	
18	CETIRIZINE 5MG SYRUP 60ML [CETIREX]	144	BTL	
19	SALBUTAMOL 2MG TABLET 100'S [VENTOMAX]	10	BOX	
20	SALBUTAMOL + GUIAFENESIN CAPSULE 100'S [VENTREX]	10	BOX	
21	AMBROXOL 30MG TABLET 100'S [COUXIN]	10	BOX	
22	SALBUTAMOL 2MG SYRUP 60ML [NOBUTOL]	144	BTL	
23	SALBUTAMOL + GUIAFENESIN SYRUP 60ML [BUTAMOL PLUS]	144	BTL	
24	CARBOCISTEINE 250MG SYRUP 60ML [CEASOL]	144	BTL	
25	AMBROXOL 15MG SYRUP 60ML [BROXOLVAN]	144	BTL	
26	DOMPERIDONE 10MG TABLET 100'S [MERIDON]	5	BOX	
27	DOMPERIDONE 1MG SUSPENSION 60ML [ACCEDOME]	30	BTL	

28	OMEPRAZOLE 40MG CAPSULE 100'S [INHIBITA]	5	BOX	
29	PANTOPRAZOLE 40MG TABLET 100'S [PANCER]	5	BOX	
30	LASARTAN POTASSIUM 50MG TABLET 100'S [LOSAAR]	50	BOX	
31	AMLODIPINE BESILATE 5MG TABLET 100'S [PHILVASC]	50	BOX	
32	METOPROLOL 50MG TABLET 100'S [PROMETIN]	20	BOX	
33	LOSARTAN POTASSIUM 100MG TABLET 100'S [LOSAAR]	20	BOX	
34	AMLODIPINE BESILATE 10MG TABLET 100'S [AMLOTHIX]	20	BOX	
35	METORPOLOL 100MG TABLET 100'S [PROLOL]	10	BOX	
36	METFORMIN 500MG TABLET 100'S [GLYCEMET]	60	BOX	
37	GLICLAZIDE 80MG TABLET 100'S [ZEBET]	30	BOX	
38	GLIMEPIRIDE 2MG TABLET 100'S [GLIMESAPH]	30	BOX	
39	GLICLAZIDE 60MG TABLET 100'S [SAPHCLAZIDE]	30	BOX	
40	GLICLAZIDE 30MG TABLET 100'S [GLIMCOSE]	30	BOX	
41	MULTIVITAMINS CAPSULE 100'S [MULTIVIT-PLUS]	30	BOX	
42	SODIUM ASCORBATE + ZINC CAPSULE 100'S [PROTEC-ZINC]	30	BOX	
43	VITAMIN B COMPLEX TABLET 100'S [AMCOVIT-B]	30	BOX	
44	MULTIVITAMINS SYRUP 60ML [MYVERIT]	100	BTL	
45	ASCORBIC ACID + ZINC SYRUP 60ML [IMUCOR Z]	100	BTL	
46	SIMVASTATIN 20MG TABLET 100'S [PHILSTAT]	30	BOX	
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48	SIMVASTATIN 40MG TABLET 100'S [ZIMVAST]	15	BOX	
49	ATORVASTATIN 40MG TABLETY 100'S [FREDTOR]	15	BOX	
50	FEBUXOSTAT 40MG TABLET 30'S [AFIXOSTAT]	15	BOX	
51	FENOFIBRATE 200MG CAPSULE 100'S [FENORIX]	15	BOX	
52	KETOANALOGUE + ESSENTIAL ACIDS 100'S [KETOMIRIN]	15	BOX	

Note: Bidders must state either "Comply" or Not Comply" in the column "Statement of Compliance" against each of the individual parameters of each "Specification", stating the corresponding performance parameter of the equipment offered.

I hereby commit to comply with all the above Technical Specifications.

Name of Company/Bidder

Signature over Printed Name of Bidder
or Representative

Date

FINANCIAL PROPOSAL SUBMISSION SHEET

Date: _____

The Chairperson
Bids and Awards Committee
Municipality of Guagua

Sir/Madame,

After having carefully read and accepted the terms and conditions in your Request for Quotation hereunder is our quotation for the project, *Procurement of Medicines to be used for Medical Mission in this Municipality (SHP 05-24)*.

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KETOANALOGUE + ESSENTIAL ACIDS 100'S [KETOMIRIN]	15	BOX		

Very truly yours,

Name of Company

Contact Number

Name/Signature of Representative

Date