



Republic of the Philippines

City Government of Muntinlupa

National Road Putatan Muntinlupa City

BIDS and AWARDS COMMITTEE

www.muntinlupacity.gov.ph

REQUEST FOR QUOTATION

Date: 8/24/2020

Quotation No:2020-0134

Company Name: _____

Address: _____

Address: _____

Business Permit No.: _____

TIN: _____

PhilGEPS Registration No.(required): _____

The City Government of Muntinlupa, through its Bids and Awards Committee, intends to procure for the Purchase of 20 bxs Colistimethate Sodium 1 miu vial and 40 bxs Vasopressin Injection IP 20 units 1ml/amp to be used to treat certain bacterial infection of patient at OSMUN which will be undertaken in accordance with Section 52.1.b of the 2016 Revised Implementing Rules and Regulations of Republic Act No. 0184

Please quote your **best offer** for the item/s described herein, subject to the Terms and Conditions provided. Submit your quotation duly signed by you or your duly authorized representative not later than the **DEADLINE on August 28, 2020.**

A copy of the following documents are also required to be submitted along with your

1. Mayor's/Business Permit:
2. Latest Income/Business Tax Return;and
3. Accomplished and Notarized Omnibus Sworn Statement (Attached hereto Annex "A")

Open Quotations may be submitted, manually or through facsimile or email at the address and contact numbers indicated below.

For any clarification, you may contact **Bids & Awards Committee** at telephone no.(02)861-1127 or email at bacmuntinlupa@gmail.com



ISO 9001:2008 CERTIFIED

CERT. CODE : QMS0708041506KA-001

YAN ANG TAMA YAN ANG MUNTINLUPA!



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INSTRUCTIONS:

(2) Do not alter the contents of this in any way.

(3) technical specifications with asterisks(*) are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.

(4) Failure to follow these instructions will disqualify your entire quotation.

After having carefully read and accepted the Terms and Conditions, I/we submit our quotation/s for the item/s as follows:

Procurement Project	Approved Budget for the Contract (ABC)	
Purchase of 20 bxs Colistimethate Sodium 1 miu vial and 40 bxs Vasopressin Injection IP 20 units 1ml/amp to be used to treat certain bacterial infection of patient at OSMUN	Two Hundred Seventy Four Thousand Six Hundred Pesos(Php274,600.00)	
Technical Specifications:		
Item Description	Compliance	REMARKS
	Yes No	
ANTI-ARRHYTHMIC VAGOLYTIC/ANTIDOTE		
*20 BXS COLISTIMETHATE SODIUM 1MIU (10'S/BOX)		
*40 BXS VASOPRESSIN INJECTION IP 20 UNITS 1ML/AMP (5'S/BOX)		
NOTE: PLEASE MAKE SURE ALL ITEMS HAS VALID LTO, CPR & CERTIFICATE OF ANALYSIS PLUS CERTIFICATE OF DISTRIBUTORSHIP		

Summary of Approved Budget			Offered quotation		
Item	Quantity	Total Price	Item	Unit Cost	Total Price
ANTI-ARRHYTHMIC VAGOLYTIC/ANTIDOTE					
COLISTIMETHATE SODIUM 1MIU (10'S/BOX)	*20 BXS				
VASOPRESSIN INJECTION IP 20 UNITS 1ML/AMP (5'S/BOX)	*40 BXS				
		P274,600.00	Total Offered quotation (in Php)		PhP _____



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TERMS AND CONDITIONS:

1. Bidders shall provide correct and accurate information required in this form.
2. Bidders must quote for all or all the items.
3. Price quotation/s must be valid for a period of thirty (30) calendar days from the date of submission.
4. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.
5. Quotations exceeding the Approved Budget for the contract shall be rejected.
6. Award of contract shall be made to the lowest quotation (for goods and infrastructure) or, the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
7. Any interlineations, erasures overwriting shall be valid only if they are signed or Initialed by you or any of your duly authorized representative/s.
8. The Item/s shall be delivered according to the requirements specified in the Technical Specifications.
9. The GSO shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.

Signature over Printed Name

Position/Designation

Office Telephone No.

Mobile Phone No./Fax No.

Email address/es



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