



Republic of the Philippines
Department of Health

DRUG TREATMENT AND REHABILITATION CENTER
OFFICE OF THE BIDS AND AWARDS COMMITTEE - GOODS & SERVICES

Sitio Palatong, Bonuan Binloc, Dagupan City, Pangasinan 2400

(075) 653-9876

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CONTROL No. Internal-Goods-043-2020

REQUEST FOR QUOTATION (RFQ) No. 043-2020

Procurement of Supplies for Various GAD Activities

The Department of Health – Drug Treatment and Rehabilitation Center Dagupan (DOH-DTRC Dagupan) through its Bids and Awards Committee for Goods and Services will undertake an Alternative Method of Procurement – Small Value Procurement for the “*Procurement of Supplies for Various GAD Activities*”, in accordance with Section 53.9 of the Revised Implementing Rules and Regulations of Republic Act No. 9184.

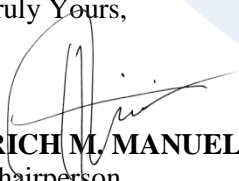
Name of Project	Procurement of Supplies for GAD Activities
Approved Budget for the Contract	189,754.00 PHP
Location	DOH-DTRC DAGUPAN, Sitio Palatong, Bonuan Binloc, Dagupan City, Pangasinan
Payment	Government Terms – ADA (Land Bank of the Philippines)
Delivery Date	On or before September 25, 2020 upon receipt of Purchase Order (PO)

TERMS AND CONDITIONS

- Interested suppliers are **required** to submit two (2) copies each of their valid and current (a) **2020 Mayor's/Business Permit or 2019 Mayor's/Business Permit with Official Receipt of Renewal**, (b) **PhilGEPS Registration Number/Certificate**, (c) **Income/Business Tax Return or BIR Certificate of Registration (Form 2303)**, (d) **Omnibus Sworn Statement** and (e) **four (4) original copies** of the attached **Price Quotation Form (Annex “A”)**.
- Submission of quotation and eligibility is on or before 2:00 pm of **September 09, 2020** at Office of the Bids and Awards Committee, Administrative Building, DOH-DTRC Complex, Bonuan Binloc, Dagupan City, Pangasinan 2400. Open submission may be submitted, manually or electronically through bac.trcdagupan@gmail.com.
- Quotations shall be inclusive of applicable taxes and other indirect costs, those exceeding the Approved Budget for the Contract (ABC) shall be automatically disqualified.
- BAC reserves the right to reject any or all Quotations, to waive any minor defects therein, to annul the procurement process, to reject all Quotations at any time prior to the contract award, without thereby incurring any liability to the affected Bidder(s), and to accept only the offer that is most advantageous to the Government.
- BAC assumes no responsibility whatsoever to compensate or indemnify Bidders for any expenses incurred in the preparation of their Quotation.

For inquiry, you may contact us at tel. no. (075) 653-9876.

Very Truly Yours,


HEINRICH M. MANUEL, MD
BAC Chairperson



Annex "A"

PRICE QUOTATION FORM

Control Code: Internal-Goods-043-2020

TO : THE BIDS AND AWARDS COMMITTEE
DOH-Drug Treatment and Rehabilitation Center Dagupan
Bonuan Binloc, Dagupan City Pangasinan 2400

THRU : REYNALD M. VILLACORTA
Chairperson, BAC Secretariat

Sir / Madam,

After having carefully read and accepted the terms and conditions stipulated in the request for Quotation (RFQ) No. 043-2020, hereunder is our financial proposal **inclusive of VAT** and other incidental costs for the subject procurement identified below:

A. APPROVED BUDGET FOR CONTRACT: ONE EIGHTY NINE THOUSAND SEVEN HUNDRED FIFTY FOUR PESOS ONLY (PHP 189,754.00)					
ITEM NO.	QTY	UNIT OF ISSUE	ITEM & DESCRIPTION	UNIT PRICE	TOTAL PRICE
1	3000	pcs	Vitamin C, Sodium Ascorbate 500mg		
2	218	pcs	Face Shield		
3	218	box	Surgical Mask, 50s/box		
4	218	bot	Alcohol, 70% Isopropyl, 500ml with PUMP		
5	232	bot	Liquid Hand Soap, 1000ml		
6	150	bot	Alcohol, 70% Isopropyl, 500ml		
7	82	bot	Alcohol, 70% Isopropyl, 330ml		
8	230	bot	Hand Sanitizer, 50ml		
B. TOTAL BID QUOTATION AMOUNT IN FIGURES:					

PLEASE WRITE THE TOTAL BID QUOTATION AMOUNT IN WORDS:

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We undertake, if our Quotation or bid is accepted, to accomplish the procurement project within the stipulated delivery date upon the receipt of Purchase Order (PO).

The above-quoted price is inclusive of all cost and applicable taxes.

AUTHORIZED REPRESENTATIVE

Signature : _____

Name of Representative : _____

Date : _____

Company Name : _____

Company Address : _____

Contact Details : _____

(Telephone / Facsimile / Mobile / Email)

PhilGEPS Registration Number : _____