Republic of the Philippines
Province of Antique
PROVINCIAL BIDS AND AWARDS COMMITTEE FOR HEALTH
San Jose de Buenavista

NEGOTIATED PROCUREMENT
(SMALL VALUE PROCUREMENT)

Standard Form No. SF-GOOD-60
Revised on May 24, 2004

Date: September 29, 2021
RFQ No. MM-2021-09-053(m)

Various Suppliers/Contractors
San Jose, Antique/Iloilo City

Please quote your lowest price on the item/s listed below, subject to the General Conditions stated herein the shortest time of delivery and submit your quotation duly signed by your representative not later than October 06, 2021 at the Room 2, Second Floor, Provincial Health Office Atabay, San Jose, Antique at 2: 00 o' clock p.m. in the return envelope attached herewith.

Sealed canvass papers must be supported with Eligibility documents, ***current approved License to Operate and List of Sources with original copy of Certificate of Product Registration*** issued by the BFAD-DOH are required under DOH Memorandum Circular No. 9 S 1991 as implemented by COA Memorandum 91-705 dated March 14, 1991. An application for product registration and expired certificate shall not be considered.

RIC NOEL A. NACIONGAYO, MD, MPA, FPSMS
Provincial Health Officer II/BAC Chairman
(Procurement Officer)

ITEM NO	QTY	UNIT	DESCRIPTION	UNIT COST	TOTAL ABC/UNIT	BRAND OFFERED	BID PRICE/UNIT	TOTAL BID PRICE
1	20	tube	Anti-fungal Cream (Ketoconazole 2%), 15mg	160.00	3,200.00			
2	20	tube	Mupirocin Cream/Ointment 5mg, 1 cake	160.00	3,200.00			
			GRAND TOTAL ABC:		***6,400.00***			
TOTAL AMOUNT IN WORDS:								

GRAND TOTAL BID P

TERMS/CONDITIONS AND REQUIREMENTS:

1. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES AND MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY.
2. MAYOR'S PERMIT.
3. PhilGEPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION.
4. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATION OF THE PRODUCT BEING OFFERED
5. OMNIBUS SWORN STATEMENT (COA Circular No. 2012-001 (9.2))
6. BRAND NAME SHOULD BE REFLECTED IN THE BID OFFERED, IN CASE NOT AVAILABLE THE MANUFACTURER'S NAME SHOULD BE STATED.
7. BRING SAMPLE ONCE REQUIRED DURING POST QUALIFICATION/EVALUATION.
8. PARTIAL BID IS NOT ALLOWED.
9. INCOME TAX RETURN (ITR)
10. CERTIFICATE OF GOOD MANUFACTURING PRACTICE FROM FDA (IF APPLICABLE)
11. BATCH RELEASE CERTIFICATE FROM FDA (IF APPLICABLE)
12. IF THE SUPPLIER IS NOT THE MANUFACTURER, CERTIFICATION FROM THE MANUFACTURER THAT THE SUPPLIER IS AN AUTHORIZED DISTRIBUTOR/DEALER OF THE PRODUCTS/ITEMS (IF APPLICABLE)
13. ALL MEDICINES AND MEDICAL SUPPLIES MUST HAVE TWO YEARS OR LONGER EXPIRATION DATE FROM THE DATE OF DELIVERY.
14. FAILURE TO SUBMIT ANY DOCUMENTS AS REQUIRED, THE PAYMENT THEREOF SHALL NOT BE PROCESSED.

After having carefully read and accepted your Terms/Conditions and Requirements, I/We quote you on the item prices noted above.

Place of Inspection: PGSO, San Jose, Antique
Place of Delivery: TPHO, San Jose, Antique (to be delivered by the winning supplier)
Delivery Period: within 7 calendar days after receipt of Purchase Order (PO)

Printed Name/Signature

Company's Name

Tel. No./Cellphone/E-mail Add.

Date