

**Name of the Procuring Entity** : BUREAU OF JAIL MANAGEMENT AND PENOLOGY  
Regional Office 1

**Quotation Number:** 08-2017-2Qtr

**Project Title:** Procurement of Various Drugs and Medicines of BJMPRO-1 Inmates

Project Location: BJMPRO1, Parian, San Fernando City, La Union

**Tel/Fax No. :** (072) 607-3179

### **REQUEST FOR QUOTATION**

Bids and Awards Committee

Date: June 08, 2017

Company Name : \_\_\_\_\_

Address : \_\_\_\_\_

Please quote your highest rated offer on the item/s listed below and submit your quotation duly signed by the bidder or by the bidder's representative not later than 13 June 2017@ 5:00 p.m. in a sealed envelope at Logistics Division BJMPRO1 Parian, San Fernando City, La Union. Failure to strictly comply with the deadline and general conditions below shall automatically disqualify the bidder/s from the bidding process.

#### **GENERAL CONDITIONS:**

1. The official request for quotation must be duly signed by the bidder or by the authorized representative. All entries must be typewritten or must be legible, if handwritten.

2. Delivery period must be within five (5) calendar days from receipt of the Notice to Proceed (NTP) by the winning bidder. Otherwise, an applicable penalty charge shall be imposed.

3. Warranty shall be for a minimum period of three (3) months for expendable goods and minimum of one (1) year for non-expendable goods, reckoned from the date of acceptance by the procuring entity.

4. Bidders must bid to all of the items in this request for quotation, provided bids are within the agency budget contract (ABC) per item.

5. Bidders must only use this request for quotation form available at the DOST procurement office or downloadable at the PhilGEPS and DOST websites. For each item, the "bidder's specifications offer," "quantity," "unit," "unit price," and "total price" columns shall be completely filled out. Non-compliance and/or incomplete data or non-filling up shall be grounds for disqualification. Also, offering alternative option in addition to complying with the required specifications is considered non-complying. Entries such as "do" and "same" shall mean that the bidder is offering the same specifications as required, and shall be considered as having complied with the requirements. In case of discrepancy between "unit price" and "total price", the "unit price" shall prevail and "total price" shall be corrected.

6. The BJMPRO-1 may select or award the bidder with the highest rated offer using Quality Cost Based Evaluation (QCBE).

7. The highest rated bidder (HRB) shall be required to submit the following documentary requirements within three (3) calendar days upon receipt of the notice of award:

- a) Business/Mayor's Permit
- b) PhilGEPS Registration Number

8. Failure to submit the requirements specified in item no. 7 shall nullify the award.

Sgd:

**NORY S UBAÑA, DMD**

Jail Superintendent  
BAC Chairperson

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**Place of Delivery :** BJMPRO1, Parian, San Fernando City, La Union

**Tel/Fax No. :** (072) 607-3179

No.	Item Description	Qty	Unit	Unit Cost	Total Price
1	Lagundi 300mg 100's/box	40	boxes		
2	PPE+CPM+Paracetamol 100mg/ 6.25mg/ 0.5mg per mL 100's/box	349	boxes		
3	Salbutamol Nebules, 30's	200	boxes		
4	Metformin 500mg tab 100/box	200	boxes		
5	Metoprolol Tartrate 50mg tab 100's/box	220	boxes		
6	Co-Amoxiclab 625mg tab 14's/box	250	boxes		
7	Sambong Leaf 500mg cap 100's/box	50	boxes		
8	Multivitamins+iron cap 500mg 100's/box	500	boxes		
9	Aluminum Magnesium HCL 200mg tab 100's/box	100	boxes		
10	Amlodopine Besylate 10mg 100's/box	400	boxes		
11	Lopermide 2mg cap 100's/box	150	boxes		
12	Celecoxib 200mg cap 100's/box	50	boxes		
13	Furosemide 20mg cap 100's/box	75	boxes		
14	Omeprazole tab 20mg 100's/box	100	boxes		
15	Amoxicillin Trihydrate Cap 500mg 100's/box	335	boxes		
16	Ascorbic Acid Tab 500mg 100's/box	500	boxes		
17	Carbocisteine Cap 500mg 100's/box	400	boxes		
18	Cefalexin Cap 500mg 100's/box	200	boxes		
19	Ciprofloxacin 500mg tab 100's /box	150	boxes		
20	Cloxacillin Sodium 500mg cap 100's/box	250	boxes		
21	Cotrimoxazole 800/160mg tab 100's/box	150	boxes		
22	Diclofenac Sodium 50mg tab 100's/box	100	boxes		
23	Mefenamic Acid 500mg cap 100's/box	500	boxes		
24	Naproxen Na 500mg tab 100's/box	100	boxes		
25	Paracetamol 500mg tab 100's/box	750	boxes		
26	Salbutamol 2mg tab 100's/box	150	boxes		
27	Vitamin B 1 B6 B12 100mg+5 mg +50mcg tablet 100's/box	500	boxes		
28	Losartan K 50mg tab 100's/box	350	boxes		
29	Povidone Iodine 15 ml 12s/bottle	200	bottle		
30	Guaifenesin 100mg Salbutamol 2mg Cap	100	boxes		
31	Allopurinol 300mg tab 100's/box	150	boxes		
32	Phospholipids Essentiale forte 300mg	1150	pieces		
33	Sulfur soap 80g/pc	2000	pieces		
34	Sulfur ointment 15g tube	1250	tube		
35	Ferrous Sulfate 325mg tab 100's/box	300	boxes		
36	Chlorpromazine tab 100mg	500	pieces		
37	Simvastatin 20mg tab 100's/box	35	boxes		
38	ORS 25's	100	boxes		

39	Atorvastatin 20mg tab 100's/box	250	pieces		
40	Isopropyl Alcohol 30% Sol. 500ml.	2300	bottle		
41	Microopore Plaster 1"m,12s/box	15	boxes		
42	Nifedipine 5mg cap	25	boxes		
43	Gauze Pad	25	boxes		
44	Cetirizine HCL 10mg tab 100's/box	150	boxes		
45	Anti bacterial Mupirocin 2% 5g ointment tube	25	tube		
46	Ketoconazole 2% 15g	60	tube		
47	Tobramycin+Dexamethasone Eye Drops .03% +0.1%, 5ml	65	bottle		

**TOTAL:.....**

Company Name : \_\_\_\_\_  
APPROVED BUDGET FOR THE CONTRACT (ABC)/ESTIMATED COST = **P915,117.00**  
TERMS OF PAYMENT: Per accomplishment of the Bidder  
END-USER : BJMPRO1

After having carefully read and accepted your general conditions, I/we quote on the item/s at prices indicated above with validity period of \_\_\_ calendar days.

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Designation/Position

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Tel. No. / Cellphone No./ E-mail address