

Republic of the Philippines
Province of Davao del Norte
BIDS AND AWARDS COMMITTEE
 Government Center, Mankilam, Tagum City

Quotation No. : C20212509

Date : May 28, 2021

Page : 1

PR Number : 2105-2836

PURSUANT TO THE PERTINENT PROVISION OF REPUBLIC ACT NO. 9184 AND ITS IMPLEMENTING RULES AND REGULATIONS, PLEASE QUOTE YOUR UNIT, TOTAL AND GRAND/LOT PRICE OF THE ITEMS LISTED HEREUNDER, WHICH THE PROVINCE OF DAVAO DEL NORTE DESIRES TO PURCHASE. SHOULD THE BIDS AND AWARDS COMMITTEE FIND YOUR PRICE REASONABLE, RESPONSIVE AND LOWEST IN THE MARKET, YOU WILL BE OFFICIALLY NOTIFIED AS TO THE DATE OF DELIVERY. IN CASE THERE IS A FAILURE OF DELIVERY AND/OR LATE DELIVERIES, LIQUIDATED DAMAGES SHALL BE IMPOSED AND BE CHARGED AGAINST YOUR PRESENT OR FUTURE TRANSACTIONS. THE PROVINCIAL GOVERNMENT OF DAVAO DEL NORTE RESERVES THE RIGHT TO ACCEPT OR REJECT ANY BID, TO ANNUL THE BIDDING PROCESS, AND TO REJECT ALL BIDS ANY TIME PRIOR TO CONTRACT AWARD, WITHOUT THEREBY INCURRING ANY LIABILITY TO THE AFFECTED BIDDER/S.

Item No.	Qty./Unit	Item	Quotation	
			Unit Price	Total Amount
1	50 VIAL	NCD B1 + IB VACINE 1000 DOSES	_____	_____
2	50 VIAL	NCD LASOTA + IB VACCINE, 1000 DOSES	_____	_____
3	50 VIAL	IBD (DOMBORO) VACCINE, 1000 DOSES	_____	_____
4	40 VIAL	FOWL POX VACCINE, 1000 DOSES	_____	_____
5	20 BOT	CORYZA BACTERIN, 1000 DOSES	_____	_____
6	15 BOT	PRAZIQUANTEL + LEVAMISOLE, 1 LITER	_____	_____
7	25 KILO	TMPS 24%, WSP, 1 KILO/PACK	_____	_____
8	25 KILO	DOXYCYCLINE, WSP, 1 KILO/PACK	_____	_____
9	25 KILO	AMOXYCILLIN 20%, WSP, 1 KILO/PACK	_____	_____
10	25 GMS	CIPROFLOXACIN, WSP, 500 GMS./PACK	_____	_____
11	10 PAIL	MULTIVITAMINS + ELECTROLYTES, WSP, 5 KGS./PAIL	_____	_____
12	25 KGS.	MULTIVITAMINS + AMINO ACIDS, WSP, 1 KL./PACK	_____	_____
13	8 GAL.	GLUTARALDEHYDE + FORMALDEHAYDE + QAC, 1 GAL.	_____	_____

TERMS AND CONDITIONS:

- BIDDERS AND SUPPLIERS MUST INDICATE BRAND NAME IF NEEDED OF DRUGS TO BE QOUTED.
- PRODUCTS SHOULD EXPIRE AT LEAST TWO (2) YEARS FROM RECEIPT.
- ALL PRODUCTS TO BE DELIVERED MUST BE DULY REGISTERED IN PVET.
- ALL PRODUCTS REQUESTED SHOULB BE DELIVERED AT ONCE AND NO STAGGERED DELIVERY SHOULD BE MADE BY THE SUPPLIER.
- PACKAGING OF DRUGS REQUESTED SHOULD BE STRICKLY OBSERVED.
- FAILURE TO COMPLY IN ANY OF THE CONDITIONS IMPOSED SHALL MEAN NON ACCEPTANCE OF ALL DRUGS REQUESTED.
- SUPPLIER SHALL HAVE ITS OWN OFFICIAL ADDRESS WITH IN THE PROVINCE OF

FOR USE IN THE LIVESTOCK MULTIPLIER FARM IN POULTRY CHICKEN PROJECT IN TALAINGOD, DDN

Approved Budget for the Contract : P 349,700.00

PLACE OF DELIVERY : **PGSO Warehouse**

DATE OF OPENING OF CANVASS: June 03, 2021

TIME OF OPENING OF CANVASS: 09:00:00 AM

VERY TRULY YOURS,

ENGR. GLENN A. OLANDRIA
 (Provincial Engineer)
 BAC CHAIRPERSON

I HEREBY CERTIFY:

- THE ABOVE PRICES OF THE ITEMS HEREIN DESCRIBED ARE CURRENT AND VALID FOR 120 DAYS FROM DATE OF THE OPENING OF CANVASS.
- IN CASE THE PROVINCE OF DAVAO DEL NORTE WILL OFFICIALLY NOTIFY THAT THE ITEMS WILL BE PROCURED FROM MY/OUR ESTABLISHMENT, THE STOCKS ARE READILY AVAILABLE OFF-THE-SHELF.

NAME OF ESTABLISHMENT _____	
ADDRESS _____	
Please check whether VAT or Non-VAT	<input type="checkbox"/> V.A.T. <input type="checkbox"/> Non-V.A.T.
PhilGEPS Registration No.: _____	
T.I.N. No. _____	TEL./FAX No. : _____

SIGNATURE

PRINTED NAME

CANVASS BY: _____

Signature Over Printed Name

POSITION

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DAVAO DEL NORTE TO EXPEDITE NEGOTIATIONS AND DELIVERY AS INVENTORY OF DRUGS IS IN CRITICAL LEVEL.

* * * GRAND/LOT PRICE : P _____

Terms and Condition :

The following documentary requirements shall be submitted together with the Price Quotation Form or Canvass as requisite for award:
 a) Mayor's/Business Permit
 b) PhilGEPS Registration Number

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T.I.N. No. _____	TEL./FAX No. : _____

SIGNATURE

PRINTED NAME

CANVASS BY: _____
 Signature Over Printed Name

POSITION