

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

Quotation No. : C20213241

Date : July 13, 2021

Page : 1

PR Number : 2106-3300

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 | 20 BOTTLS | TOBRAMYCIN + DEXAMETHASONE 3MG+1MG, 5ML EYE DROPS | _____ | _____ |
| 2 | 10 BOTTLS | MOXIFLOXACIN HCl 5MG/ML, 5ML EYE SOLUTION | _____ | _____ |
| 3 | 10 BOTTLS | TROPICAMIDE 0.5% 5MG/ML, 15ML EYE DROPS | _____ | _____ |
| 4 | 10 BOTTLS | PROPARACAINE HCl 5MG/ML, 15ML EYE SOLUTION | _____ | _____ |
| 5 | 20 BOTTLS | HYDROXYPROPYL METHYLCELLULOSE (HYPROMELLOSE) 10ML EYE DROPS | _____ | _____ |
| 6 | 20 BOTTLS | TRYPHAN BLUE OPHTHALMIC SOLUTION | _____ | _____ |

Remarks : **NOTE:**

1. ATLEAST TWO (2) EXPIRATION DATE FROM THE DATE OF DELIVERY.

2. NO PARTIAL DELIVERIES.

3. ITEMS # 3, 4, 5 AND 6 ARE NON DPRI.

4. TOTAL LOT AWARDING.

5. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.

6. THE SUPPLIER SHOULD INFORM THE R.O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

ALL ITEMS TO BE CHARGED TO THE THREE (3) DDN HOSPITAL MOOE UNDER DRUGS AND MEDICINES ACCOUNT.

FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITAL (OPHTHALMIC SOLUTION USED FOR CATARACT SURGERY)

Approved Budget for the Contract : P 47,384.90

PLACE OF DELIVERY : DAVNOR PHARMACY

DATE OF OPENING OF CANVASS: July 22, 2021

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

VERY TRULY YOURS,

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

I HEREBY CERTIFY:

- 1) THE ABOVE PRICES OF THE ITEMS HEREIN DESCRIBED ARE CURRENT AND VALID FOR 120 DAYS FROM DATE OF THE OPENING OF CANVASS.
- 2) 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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|----------|-----------|------|------------|--------------|
| | | | Unit Price | Total Amount |

*KAPALONG - P15,794.97

*CARMEN - P15,794.97

*IGACOS - P15,794.96

* * * 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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| | |
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| 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