

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

Quotation No. : C20213300

Date : July 16, 2021

Page : 1

PR Number : 2107-3568

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	76 LTRS.	ALBENDAZOLE	_____	_____
2	15 KILOS	AMOXICILLIN WSP 20%	_____	_____
3	26 KILOS	COTRIMOXAZOLE WSP	_____	_____
4	8 BAGS	PECUTRIN POWDER (FEED PREMIX-25KG./BAG)	_____	_____
5	12 PAIL	MVE-WSP (5KGS./PAIL)	_____	_____
6	10 BOTS.	PRAZIVET-50'S	_____	_____
7	60 BOTS.	ADE INJECTABLE	_____	_____
8	60 BOTS	B- COMPLEX INJECTABLE	_____	_____
9	100 VIALS	DHLPI VACCINE	_____	_____
10	10 BOX	MINERAL BLOCK (BY 4'S-5 KGS. PER PIECE	_____	_____
11	20 KILOS	LEVAMISOLE	_____	_____
12	13 BOTS	CBG	_____	_____
13	5 BOTS	IVOMEC-100 ML	_____	_____
14	15 BOTS	BUTAPHOSPAN-CYANOCOBALAMAIN	_____	_____
15	25 KILOS	DEXTROSE POWDER	_____	_____
16	30 BOTS	MULTIVITAMINS INJECTABLE	_____	_____

FOR USE IN THE ANIMAL HEALTH AND VETERINARY SERVICES.

Approved Budget for the Contract : P 370,700.00

PLACE OF DELIVERY : PGSO Warehouse

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)

*SUPPLIERS MUST SPECIFY/INDICATE BRAND NAMES UPON QUOTATION
 Failure to specify, may be a ground for disqualification.*

*THE WINNING BIDDER SHALL BE REQUIRED TO SUBMIT A WARRANTY
 SECURITY/CERTIFICATE DURING DELIVERY OF THE ITEM.*

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

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Item No.	Qty./Unit	Item	Quotation	
			Unit Price	Total Amount
17	2 LITER	AMITRAZ	_____	_____
18	20 BOTS	AMOXICILLIN 20%-INJECTABLE-100 ML	_____	_____

TERMS AND CONDITIONS:

1. BIDDERS AND SUPPLIERS MUST INDICATE BRAND NAME IF NEEDED OF DRUGS TO BE QUOTED.
2. PRODUCTS SHOULD EXPIRE AT LEAST TWO (2) YEARS FROM RECEIPT.
3. ALL PRODUCTS REQUESTED SHOULD BE DELIVERED AT ONCE AND NO STAGGERED DELIVERY SHOULD BE MADE BY THE SUPPLIER.
4. ALL PRODUCTS TO BE DELIVERED MUST BE DULY REGISTERED IN PVET.
5. PACKAGING OF DRUGS REQUESTED SHOULD BE STRICTLY OBSERVED.
6. FAILURE TO COMPLY IN ANY OF THE CONDITIONS IMPOSED SHALL MEAN NON ACCEPTANCE OF ALL DRUGS REQUESTED.
7. SUPPLIER SHALL HAVE ITS OFFICIAL ADDRESS WITHIN THE PROVINCE OF DAVAO DEL NORTE TO EXPEDITE NEGOTIATIONS AND DELIVERY AS INVENTORY OF THE REQUESTED DRUGS IS IN CRITICAL LEVEL.

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			Unit Price	Total Amount

* * * 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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