

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

Quotation No. : C20213625

PR Number : 2106-3300

Date : August 06, 2021

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

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: August 12, 2021

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

VERY TRULY YOURS,

ENGR. GLENN A. OLANDRIA
(Provincial Engineer)

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

UPON DELIVERY OF THE ITEMS.

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

**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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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

POSITION

CANVASS BY: _____

Signature Over Printed Name