

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

Quotation No. : C20214109

Date : August 27, 2021

Page : 1

PR Number : 2108-4579

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	10 BOTT	MOXIFLOXACIN HCl 5MG/ML, 5ML EYE SOLUTION (BRANDED)	_____	_____
2	10 BOTT	TROPICAMIDE 0.5% 5MG/ML, 15ML EYE DROPS (BRANDED)	_____	_____
3	10 BOTT	PROPARACAINE HCl 5MG/ML, 15ML EYE SOLUTION (BRANDED)	_____	_____
4	20 BOTT	TOBRAMYCIN + DEXAMETHASONE 0.3% + 0.1%, 5ML EYE DROPS (BRANDED)	_____	_____
5	20 BOTT	HYDROXYPROPYL METHYLCELLULOSE USP 2%, 2ML EYE SOLUTION (BRANDED)	_____	_____
6	20 BOTT	TRYPHAN BLUE OPHTHALMIC SOLUTION 1ML (BRANDED)	_____	_____
7	12 BOTT	BALANCED STERILE SALINE SOLUTION (NON-COLLAPSIBLE) 500ML	_____	_____

Remarks : **NOTE:**

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

2. NO PARTIAL DELIVERIES.

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

Approved Budget for the Contract : P 70,084.90

PLACE OF DELIVERY : DAVNOR PHARMACY

DATE OF OPENING OF CANVASS: September 02, 2021TIME OF OPENING OF CANVASS: 09:00:00 AM

VERY TRULY YOURS,

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

DENNIS B. DEVILLERES, LL.B
(P.G.DEPT.HEAD-PEEDO)

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 V.A.T.
or Non-VAT 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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3. TOTAL LOT AWARDING.

4. ITEMS # 2, 3, 5, 6 AND 7 ARE NON DPRI.

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

6. THE SUPPLIER MUST 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.

*KAPALONG - 23,361.64

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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.
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			Unit Price	Total Amount

*IGACOS - 23,361.64

*CARMEN - 23,361.62

* * * 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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