Republic of the Philippines OVERSEAS WORKERS WELFARE ADMINISTRATION OWWA Center Bldg., F.B. Harrison St., Cor. 7th St., Pasay City Tel# 833-0113 Telefax# 833-1010

P.R. No. 2024-02-0017 DATE: 14-Feb-24

REQUEST FOR QUOTATION / PROPOSAL

COMPANY NAME:

ADDRESS OF COMPANY:

To whom it may concern:

Please quote your lowest price/s (taxes included) on the lot or item/s below, subject to the General Conditions indicated herein, stating the shortest time of delivery and submit your quotation using your company letterhead or this form duly signed by your official representative to Overseas Workers Welfare Administration, Third Floor OWWA Center Building, 7th Street corner, FB Harrison, Pasay City not later than 21 February 2024, 10:00 a.m. Engr. GERARDO S. GATCHALIAN
OIC, PPMD

MARIAN GABRIELLE F. PIZARRA
Supply Officer

| PROJECT | TITLE/NAME: Proposal for One (1) Lot - Supply and Delivery of Various Medi | NAME: Proposal for One (1) Lot - Supply and Delivery of Various Medicine and Medical Supplies DEALER'S/SUPPLIER'S OFFE | | NAME: Proposal for One (1) Lot - Supply and Delivery of Various Medicine and Medical Supplies | | | PLIER'S OFFER |
|----------|--|---|--------|---|------------------------------|-------------------------------|---------------|
| ITEM NO. | SPECIFICATIONS | QTY | UNIT | APPROVED BUDGET FOR CONTRACT (ABC) | UNIT COST (Vat inclusive) | TOTAL COST (Vat inclusive) | |
| | One (1) Lot - Supply and Delivery of Various Medicine and Medical Supplies | | | ₱ 507,971.07 | | | |
| 1. | CO-AMOXICLAV 625mg/tab | 1000 | tab | | | | |
| 2. | CLOXACILLIN 500mg/cap | 200 | сар | | | | |
| 3. | AMOXICILLIN 500mg/cap | 400 | сар | | | | |
| 4. | CEFUROXIME 500mg/tab | 800 | tab | | | | |
| 5. | CO-TRIMOXAZOLE 800/160mg/tab | 400 | tab | | | | |
| 6. | CLARITHRIMYCIN 500mg/tab | 600 | tab | | | | |
| 7. | PARACETAMOL 500mg/tab | 1000 | tab | | | | |
| 8. | SINUPRET | 600 | tab | | | | |
| 9. | PHENYPROPANOLAMINE HCL 10mg + PARACETAMOL 500mg | 1000 | tab | | | | |
| 10. | PHENYPROPANOLAMINE 25mg + CHLORPHENAMINE MALEATE 2mg + PARACETAMOL 500mg | 800 | tab | | | | |
| 11. | CARBOCISTEINE 500mg/cap | 1000 | сар | | | | |
| 12. | BUTAMIRATE CITRATE 50 mg/tab | 600 | tab | | | -81 | |
| 13. | CELECOXIB 100 mg/cap | 600 | сар | | | | |
| 14. | MEFENAMIC ACID 500 mg/cap | 800 | tab | | | | |
| 15. | RANITIDINE 150 mg/tab | 100 | tab | | | | |
| 16. | ALMG(OH) | 600 | tab | | | | |
| 17. | LOPERAMIDE 2 mg/cap | 200 | cap | | | | |
| 18. | METFORMIN 50 mg/tab | 800 | tab | | | | |
| 19. | ASCORBIC ACID / SODIUM ASCORTABE 500 mg/tab | 800 | tab | | | | |
| 20. | VITAMIN B COMPLEX | 1000 | tab | | | | |
| 21. | LOSARTAN 50 mg/tab | 1000 | tab | | | | |
| 22. | CLONIDINE 75 mcg/tab | 400 | tab | | | | |
| 23. | AMLODIPINE 5 mg/tab | 800 | tab | | | | |
| 24. | HNBB 10 mg/tab | 200 | tab | | | | |
| 25. | SALBUTAMOL nebules | 30 | nebule | | | | |
| 26. | IPRATROPIUM BR 500mcg+SALBUTAMOL 2.5mg | 30 | nebule | | | | |
| 27. | CETIRIZINE 10 mg/tab | 600 | tab | | | | |
| 28. | BETAHISTINE 16mg/tab | 600 | tab | | | | |
| 29. | ALCOHOL ETHYL 500 ml | 20 | bottle | | | | |
| 30. | TONGUE DEPRESSOR (Sterile) (100's) / box | 1 | box | | | | |

| 31. | COTTON BALL (150's) | 4 | pack | | |
|-----|---|-------|--------|--|--|
| 32. | FACEMASK (3 ply) (100's) | 10 | box | | |
| 33. | BAND AID/ADHESIVE BANDAGE | 10 | box | | |
| 34. | CLEAN GLOVES (100's) | 4 | box | | |
| 35. | OS/GAUZE 4X4 (8 ply) (100's sterile pads) / box | 6 | box | | |
| 36. | GLUCOSE STRIPS (25 pcs) (One Touch Select Plus Simple) | 4 | box | | |
| 37. | HYDROGEN PEROXIDE 3% Solution 500 ml | 1 | bottle | | |
| 38. | BETADINE 10% SOLUTION 120 ml | 2 | bottle | | |
| 39. | MICROPORE 1 inch | 6 | рс | | |
| 40. | COTTON APPLICATOR (100'S) | 1 | box | | |
| 41. | STERILLIUM 1 Liter | 2 | bottle | | |
| 42. | CIPROFLOXACIN 500 mg/tab | 600 | tab | | |
| 43. | ALCOHOL SWAB (100's) | 2 | box | | |
| 44. | DISINFECTANT SPRAY, aerosol type, 400-550 grams | 10 | bottle | | |
| 45. | MUPIROCIN OINTMENT 20 mg/g (2% w/w) | 2 | tube | | |
| 46. | N-ACETYLCYSTEINE 600 mg/tab | 400 | tab | | |
| | Additional Documentary Requirements must be submitted upon submission of offer: | | | | |
| | PhilGEPS Certificate or PhilGEPS Registration Number | | | | |
| | 2. Mayor's / Business Permit | | | | |
| | 3. Income / Business Tax Return | | | | |
| | Please take note that the Omnibus Sworn Statement shall be submitted within 5 days upon acceptance of Notice of Award. | | | | |
| | Note: Bidders may also submit their bid proposal and supporting documents through email address: <u>procurement@owwa.gov.ph</u> | ec es | 100 | | |

- GENERAL CONDITIONS

 1. Entries must be typewritten / if handwritten, it must be clear and legible;

 2. Bidders must submit certificate of PHILGEPS Registration;

 3. Bidders must submit necessary business permits (SEC, LGU, DTI, CDA, etc.);

 4. All quotation can be submitted through the following means: a) in a SEALED ENVELOPE, or b) thru ELECTRONIC MAIL, or c) FACSIMILE. Label the envelope with the following:

Bidder's Company Name

PHILGEPS Reference No. Project Title/Name

- PR No.
- 5. Item/s delivered must have warranties for unit replacements, parts, labor or other services;
 6. Quoted prices must be inclusive of taxes and shall not exceed the Approved Budget for the Contract (ABC);
 7. Proposal/Quotation submitted without signature of the authorized signature shall not be accepted:
- 7. Proposal/Quotation submitted without signature of the authorized signatory shall not be accepted;
 8. Proposal/Bid modifications submitted beyond the scheduled deadline shall not be considered;
 9. Price quoted/ submitted on the deadline shall be considered as final and unalterable;

- 10. Use of non-discretionary/non-discriminatory selection criteria as tie-breaking method in case of two or more bidders determined and declared as the Lowest Calculated and Responsive Bidder (LCRB) in accordance with GPPB Circular No. 06-2005;

 11. The OWWA reserves the right to accept or reject any bid, to annul the bidding process, and to reject at any time prior to contract award, without thereby incurring any
- liability to the affected bidder or bidders.

DELIVERY: 30 days upon receipt of PO/NTP TERMS OF PAYMENT: Government Terms

PRICE VALIDITY: 60 days from date of quotation/proposal

| Company Name | | |
|--------------|---|--|
| Print Nam | e and Signature of Authorized Representative | |
| | Designation | |
| Com | pany Tel./Fax/Mobile No. | |
| | | |