

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. 2025-02-0002

DATE: 12-Feb-25

**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 **19 February 2025 @ 10:00 a.m.**

  
**MARIAN GABRIELLE F. PIZARRA**  
 Supply Officer

  
**NIMFA C. UNICA**  
 OIC, PPMD

PROJECT TITLE/NAME: Proposal for One (1) Lot - Supply and Delivery of Various Medicine and Medical Supplies					DEALER'S/SUPPLIER'S OFFER	
ITEM NO.	SPECIFICATIONS	QTY	UNIT	APPROVED BUDGET FOR CONTRACT (ABC)	UNIT COST (Vat inclusive)	TOTAL COST (Vat inclusive)
	<b>Supply and Delivery of Various Medicine and Medical Supplies</b>	<b>1</b>	<b>lot</b>	<b>431, 820.29</b>		
1.	CO-AMOXICLAV 625mg/tab	1000	tab			
2.	CLOXACILLIN 500mg/cap	200	cap			
3.	AMOXICILLIN 500mg/cap	200	cap			
4.	CEFUROXIME 500mg/tab	800	tab			
5.	CO-TRIMOXAZOLE 800/160mg/tab	200	tab			
6.	CLARITHRIMYCIN 500mg/tab	300	tab			
7.	PARACETAMOL 500mg/tab	1000	tab			
8.	GENTIANAE RADIX/PRIMULAE FLOS/RUMICIS HERBA/SAMBUCI FLOS/VERBANA HERBAL	600	tab			
9.	PHENYPROPANOLAMINE HCL 10mg + PARACETAMOL 500mg	1000	tab			
10.	PHENYPROPANOLAMINE 25mg + CHLORPHENAMINE MALEATE 2mg + PARACETAMOL 500mg	800	tab			
11.	CARBOCISTEINE 500mg/cap	600	cap			
12.	BUTAMIRATE CITRATE 50 mg/tab	600	tab			
13.	CELECOXIB 100 mg/cap	400	cap			
14.	MEFENAMIC ACID 500 mg/cap	400	tab			
15.	ALMG(OH)	300	tab			
16.	LOPERAMIDE 2 mg/cap	200	cap			
17.	METFORMIN 50 mg/tab	300	tab			
18.	ASCORBIC ACID / SODIUM ASCORTABE 500 mg/tab	800	tab			
19.	VITAMIN B COMPLEX	1000	tab			
20.	LOSARTAN 50 mg/tab	800	tab			
21.	AMLODIPINE 5 mg/tab	600	tab			
22.	SALBUTAMOL nebules	30	nebule			
23.	IPRATROPIUM BR 500mcg+SALBUTAMOL 2.5mg	30	nebule			
24.	CETIRIZINE 10 mg/tab	600	tab			
25.	BETAHISTINE 16mg/tab	200	tab			
26.	ALCOHOL ETHYL 500 ml	20	bottle			
27.	COTTON BALL (150's)	4	pack			
28.	FACEMASK (3 ply) (100's)	10	box			
29.	ADHESIVE BANDAGE	10	box			
30.	CLEAN GLOVES (100's) LARGE	4	box			
31.	OS/GAUZE 4X4 (8 ply) (100's sterile pads) / box	4	box			
32.	HYDROGEN PEROXIDE 3% Solution 500 ml	1	bottle			

33.	POVIDONE-IODINE 10% SOLUTION 120 ml	2	bottle				
34.	LANCET	100	pc				
35.	MICROPORE 1 inch	6	pc				
36.	NEBULIZING KIT ADULT	10	pc				
37.	ISOPROPANOL, N-PROPANOL, MECETRONIUM ETHYLSULFATE (1 LITER)	2	bottle				
38.	CIPROFLOXACIN 500 mg/tab	800	tab				
39.	ALCOHOL SWAB (100's)	2	box				
40.	DISINFECTANT SPRAY, aerosol type, 400-550 grams	10	bottle				
41.	MUPIROCIIN OINTMENT 20 mg/g ( 2% w/w)	4	tube				
42.	N-ACETYLCYSTEINE 600 mg/tab	600	tab				
43.	SODIUM ALINATE SODIUM BICARBONATE CALCIUM CARBONATE 250mg/106.5mg/187.5mg 10ml/sachet	100	sachet				
44.	DOXYCYCLINE HYLATE 100mg/cap	200	cap				
45.	OMEPRAZOLE 40mg/cap	200	cap				
46.	TELMISARTAN 40mg/tab	400	tab				
47.	AZITHROMYCIN 500mg/tab	400	tab				
<i>Note:</i>							
<i>1. Date of manufacture should be 2024 onwards.</i>							
<i>2. Medicines should have minimum expiration date of two (2) years from date of delivery.</i>							
<i>3. Medicines should have Certificate of Product Registration from FDA.</i>							
<i>4. Medicines should be in standard manufacturer's packaging.</i>							
<i>5. Medicines should be listed in MIMS.</i>							
<b>Additional Documentary Requirements must be submitted upon submission of offer:</b>							
1. PhilGEPS Certificate or PhilGEPS Registration Number							
2. Valid Mayor's / Business Permit							
3. Income/Business Tax Return (latest)							
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: <a href="mailto:procurement@owwa.gov.ph">procurement@owwa.gov.ph</a>							
<b>GENERAL CONDITIONS</b>							
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: <b>a)</b> in a <b>SEALED ENVELOPE</b> , or <b>b)</b> thru <b>ELECTRONIC MAIL</b> , or <b>c)</b> <b>FACSIMILE</b> . 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 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.							
XX							

**DELIVERY:** within 30 days upon receipt of PO/NTP

**TERMS OF PAYMENT:** Government Terms

**PRICE VALIDITY:** 60 days from date of quotation/proposal

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*Company Name*

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*Print Name and Signature of Authorized Representative*

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*Designation*

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*Company Tel./Fax/Mobile No.*

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*Date*