



REPUBLIC OF THE PHILIPPINES
PHILIPPINE STATISTICS AUTHORITY



REQUEST FOR QUOTATION

The Philippine Statistics Authority (PSA) through the Bids and Awards Committee (BAC), intends to procure **Medical Supplies**

which shall be undertaken in accordance with **Section 53.9 (Small Value Procurement)** of the 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184, with an Approved Budget of the Contract (ABC) in the amount of **Php 142,710.00** *One Hundred Forty Two Thousand Seven Hundred Ten Pesos Only*

Please quote your **best offer** for the **item/s described herein**, subject to the Terms and Conditions provided below. Submit your quotation duly signed by you or your duly authorized representative **not later than**

MAR 13 2025 at **11:00 AM** through email at bac-secretariat@psa.gov.ph

For any clarification, you may contact us at telephone no. **(02) 8374-8263** or email address at gsdprocurement.psa@gmail.com

fr elyza
MINERVA ELOISA P. ESQUIVIAS
Chairperson, Bids and Awards Committee

TERMS AND CONDITIONS

- 1 Bidders shall provide correct and accurate information required in this form.
- 2 Price quotation/s must be valid for a period of **thirty (30) calendar days** from the date of submission.
- 3 Price quotation/s, to be denominated in Philippine peso, shall include all taxes, duties and/or levies payable.
- 4 Quotations exceeding the ABC shall be rejected.
- 5 Award of contract shall be made to the lowest calculated and responsive bid (LCRB).
- 6 Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or your duly authorized representative.
- 7 In case of two or more bidders are determined to have submitted the LCRB, the PSA shall adopt and employ "draw lots" as the tie-breaking method to finally determine the single winning bidder in accordance with GPPB Circular 06-2005.
- 8 The item/s shall be delivered according to the requirements specified in the Purchase Request (PR).
- 9 The PSA shall have the right to inspect and/or test the goods to confirm their conformity to the Technical Specifications.
- 10 Payment shall be made after delivery and upon submission of the required supporting documents, i.e. Order Slip and/or Billing Statement, by the supplier. Our Government Servicing Bank, **Land Bank of the Philippines**, shall credit the amount due to the identified bank of the supplier **not earlier than twenty four (24) hours, but not later than forty eight (48) hours**, upon receipt of our advice. Please note that the corresponding **bank transfer fee**, if any, shall be chargeable to the account of the supplier.
- 11 Liquidated damages equivalent to one tenth (1/10) of one percent (1%) of the value of the goods not delivered within the prescribed period shall be imposed per day of delay. The PSA shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.

Documents to be submitted	Deadline	Remarks
Copy of the 2025 Mayor's/Business Permit or valid PhilGEPS Registration	not later than MAR 13 2025 at 11:00 AM	together with the quotation
Omnibus Sworn Statement (OSS) Supporting document to be submitted, as may be applicable: a. For Sole Proprietorship - If owner, the Notarized OSS; - If authorized representative-Notarized Special Power of Attorney & OSS b. For Corporation - Notarized Secretary's Certificate c. Partnership-anyone of the partners, OSS	Upon acknowledgment of Notice of Award	



PSA Complex, East Avenue, Diliman, Quezon City, Philippines 1101
Telephone: (632) 8938-5267
www.psa.gov.ph

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s for the item/s as follows:

Item(s) and Specification(s), minimum	Unit	Quantity	Unit Price	Total Amount (VAT Inclusive)	Compliance with Technical Specifications (pls. check)	
					Yes	No
MEDICAL SUPPLIES						
Customized Medicine Bag Organizer (Medium) with PSA logo and inclusion of the following medicines: 100 pcs Paracetamol 500mg tablet (per tablet) 50 pcs Mefenamic Acid 500mg capsule (per tablet) 100 pcs Loratadine 10mg tablet (per tablet) 30 pcs Meclizine Hydrochloride 25mg tablet (per tablet) 30 pcs Aluminum hydroxide, Magnesium hydroxide, simeticone 178mg/233mg/30mg (per tablet) 30 pcs Loperamide Hydrochloride 2mg capsule (per tablet) 30 pcs Hyoscine n-butylbromide 10mg tablet (per tablet) 30 pcs Clonidine Hydrochloride 75mcg tablet (per tablet)	pcs	6				
Customized Medicine Bag Organizer (Medium) (Pediatric Kit) with PSA Logo and inclusion of the following: 1 (box) Zinc Oxide + Calamine Sachet (20 sachet) 1 pc Calamine Lotion 30mL 1 pc Paracetamol Syrup (2-6 years old) 60mL 1 pc Paracetamol Syrup (7-12 years old) 60mL 1 pc Cetirizine Dihydrochloride 10mL 2 pcs fever gel pads (6pads) 1 pc Pulse oximeter (pediatric)	pcs	1				
Customized First Aid Box (Large) with PSA Logo and inclusion of the following: 4 pcs Povidone Iodine 60ml (bottle) 1 pc Aromatic Spirit Amonia 30ml (bottle) 1 pc Hydrogen Peroxide 60ml (bottle) 1 pc Burn Ointment 5g 1 pc Mupirocin Ointment 5g 1 pc Hydrocortisone 10mg/g cream (15grams) 1 pc Eye drop Moisturizing formula 1 pc Eye drop red eye formula 1 set Blood Glucose Monitoring System 2 boxes Blood Lancet/needle, 50 pcs/box 2 boxes Blood Glucose Monitoring Test Strips 1 Digital Thermometer 2 boxes Sterile Gauze pads 4x4 8ply per box 2 rolls Gauze Bandage, roll 3 inches x 10 yds 2 rolls Transpore adhesive tape, roll 1 inch x 10 yds 1 pc Bandage Scissors 1 pc Triangular Bandage 6 pcs. Safety Pins 2 sets Tongue Depressors wooden (100s individually pack) 1 pc Hot Water Bag 1000ml 2 pcs Ice Bag 3 pcs Disposable Hypodermic Syringes with needle 3cc 1 pc Pick-up forceps 1 pc pulse oximeter	pcs	5				
Customized First Aid Kit with PSA logo (standard contents) for QRT *Provide sample photo of the medical supplies *The product must be FDA-approved and have a Certificate of Product Registration (CPR) from the Philippine FDA *The product should have a minimum shelf life of 24 months from the manufacturing date, with at least 18 months of shelf life remaining at the time of delivery	pcs	39				

Printed name of the authorized representative: _____			Signature: _____		
Name of Company: _____			Position: _____		
Address: _____			Email address: _____		
Fax No.: _____		Tel. No.: _____		Mobile No.: _____	
Date: _____					