



REQUEST FOR QUOTATION

The **Philippine Statistics Authority (PSA)** through the Bids and Awards Committee (BAC), intends to procure Medical Supplies and Equipment which shall be undertaken in accordance with Section 52.1(b) (Shopping) 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 125,431.00** One Hundred Twenty Five Thousand Four Hundred Thirty One Pesos

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 18 2024 at 11:00 AM through email at bac-secretariat@psa.gov.ph and bacsecretariat.psa@gmail.com

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

Minerva Eloisa P. Esquivias
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 2024 Mayor's/Business Permit and valid PhilGEPS Registration	not later than MAR 18 2024 at 11:00AM	together with the quotation



Management Systems
 ISO 9001:2015
 www.tuv.com
 ID: 9103602991



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

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PR No. 24-02-0182

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
DRUGS AND MEDICINES						
Paracetamol 500mg tablet (100s)	30	box				
Mefenamic Acid 500mg capsule (100s)	42	box				
Cetirizine 10mg tablet (100s)	30	box				
Meclizine hydrochloride 25mg, (100s)	24	box				
Aluminum hydroxide, magnesium hydroxide, simeticone 178mg/233mg/30mg (100s)	24	box				
Loperamide Hydrochloride 2mg capsule (100s)	30	box				
Hyoscine n-butylbromide 10 mg (100s)	20	box				
Clonidine hydrochloride, 75mcg, (100s)	6	box				
MEDICAL SUPPLIES						
Povidone Iodine 60ml bottle	12	pc				
Aromatic Spirit Amonia 30ml	6	pc				
Toothache Drop 7.5 ml (12s)	1	box				
Hydrogen Peroxide 60ml (12s)	1	box				
Burn Ointment 15g	6	pc				
Hydrocortisone 10mg/g cream (15g)	6	pc				
Eye Drop Moisturizing formula	6	pc				
Eye Drop Red Eye Formula	6	pc				
Blood Glucose Monitoring System -Contour plus Blood Glucose Test Strip (25's)	6	pack				
Blood Lancet/needle, 50 pcs/box	6	box				
Sphygmomanometer Cuff Adult	6	pc				
Sterile Gauze pads 4x4 8ply per box	12	pack				
Gauze Bandage, Roll 3x10	12	pack				
Adhesive Tape roll 3x10	12	pc				
Bandage Scissors	5	pc				
Triangular Bandage	10	pc				
Safety Pins (3doz)	1	pack				
Tongue Depressor wooden individually packed (100s)	6	box				
Hot Water Bag 1000ml	6	pc				
Ice Bag	6	pc				
Disposable Hypodermic Syringes with needle 3cc	10	pc				
Waste Pail (Clinical Waste Bin 1L)	5	pc				
Battery Charger AA/AAA 4 slots Smart Universal (LED Indicator)	1	pc				
Universal Double A Rechargeable Battery (for penlight use)	24	pc				
CR2032 Battery, Lithium (thermo gun)	20	pc				

First Aid Kit- Bag, Micropore adhesive tape, Elastic wrap bandages, steristrip, non stick sterile bandage and roller gauze in assorted sizes, Eyeshield or pad, Large Triangular bandage, Instant Cold packs, cotton balls and cotton - tipped swabs (individually packed), disposable non-latex examination gloves, plastic bags assorted sizes, safety pins in assorted sizes, Bandage scissors and tweezers, antibiotic ointment, Antiseptic solution and towelletes, burn ointment, Eyewash solution, , thermometer, turkey baster or bulb suction device fro wound flushing, sterile saline 500 ml, syringe, medicine cup or spoon, hydrogen peroxide. medications: Calamine lotion.	25	kit				
Wheelchair	2	pc				
REMARKS: Should be awarded by lot						
Total amount in words:						

Printed name of the authorized representative: _____ Signature: _____

Name of Company: _____ Position: _____

Address: _____ Email address: _____

Fax No.: _____ Tel. No.: _____ Mobile No.: _____

Date: _____