

REQUEST FOR QUOTATION

The Cagayan Economic Zone Authority (CEZA), will undertake a Negotiated Procurement – Small Value Procurement for the “Supply and Delivery of Medicines and Medical Supplies for all CEZA Employees”, in accordance with Section 53.9 of the 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184, otherwise known as the Government Reform Act (Updated as of 03 July 2023).

Name of Project	Supply and Delivery of Medicines and Medical Supplies for all CEZA Employees
Approved Budget for the Contract	Sixty-Three Thousand One Hundred Seventy-Four Pesos and 56/100 (₱63,174.56)
Specifications	See attached Technical Specifications (Annex B)
Location	CEZA Office, Mandaluyong City
Delivery Term	Seven (7) days from the receipt of the Purchase Order

Interested suppliers are required to submit their valid and current Mayor’s/Business Permit, PhilGEPS Registration Number, Omnibus Sworn Statement and Authority of Signatory (Secretary Certificate) if applicable, price quotation form (Annex A), and Technical Specification compliance (Annex B) during submission of offer/quotation.

Award of the contract shall be made to the lowest quotation, which complies with the minimum description as stated above and other terms and conditions stated in the price quotation form.

Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by the bidder or his/her duly authorized representative/s.

Submission of quotation and eligibility documents is on or before 10:00 AM of September 13, 2023, at the Cagayan Economic Zone Authority, 10th Floor Greenfield Tower, Mayflower cor. Williams Sts., Greenfield District, Highway Hills, Mandaluyong City, Metro Manila. Open submission may be submitted, manually or by email @ bacsecretariat@ceza.gov.ph.


For inquiries, you may contact us at Tel. No. 8291-6704 to 8 and email bacsecretariat@ceza.gov.ph.

Very truly yours,



PERLA C. TUMALIUAN
BAC Chairperson

ANNEX A REQUEST FOR QUOTATION

<p>TO: CAGAYAN ECONOMIC ZONE AUTHORITY 10/F GREENFIELD TOWER, MAYFLOWER COR WILLIAMS STREETS, GREENFIELD DISTRICT MANDALUYONG CITY, METRO MANILA, PHILIPPINES 1550 ☎ (+6328) 291 6704 to 08</p> <p>We offer to perform the work or supply these items at the quoted prices and under the terms stated below. We certify that our company is a manufacturer, licensed distributor or dealer of these items and that at least 60% of the capital thereof is owned by Filipinos, proof of which may be submitted.</p> <p>a. Prices shall be valid until _____ b. Delivery shall be completed within _____ days from receipt of Job or Purchase Order c. Payment within seven days after delivery, acceptance and compliance with payment requirements d. We shall pay a penalty at 1/10th of 1% of the value of the undelivered balance for each day of delay in delivery or completion of work.</p>	<p>PR No: 2023-08-638 PR Date: AUGUST 23, 2023</p> <p>Please quote your best prices on the items below under the stated terms and conditions. If the total amount is P80, 000 or more, submit a bidder's bond in cash, manager's or cashier's check equivalent to 5% thereof.</p> <div style="text-align: center;">  PHILIP EARL H. ACHANZAR Supervising Administrative Officer </div>
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ITEM NO.	QTY.	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
1 LOT OF MEDICINES AND MEDICAL SUPPLIES					
	200	Piece	ALUMINUM HYDROXIDE, MAGNESIUM HYDROXIDE, SIMETHICONE <ul style="list-style-type: none"> • 178mg • 233mg • 30mg 		
	200	Piece	AMBROXOL HYDROCHLORIDE <ul style="list-style-type: none"> • 30mg 		
	1	Bottle	BENZYDAMINE HYDROCHLORIDE <ul style="list-style-type: none"> • 3mg/ml 		
	200	Piece	CARBOCISTEINE <ul style="list-style-type: none"> • 500mg 		
	200	Piece	TUSERAN <ul style="list-style-type: none"> • 15mg • 25mg • 325mg 		
	200	Piece	DICHLOROBENZYL ALCOHOL AMYLMETACRESOL		
I.	200	Piece	DECOLGEN TABLET <ul style="list-style-type: none"> • 25mg • 2mg • 500mg 		
	100	Piece	EPIROSONE HYDROCHLORIDE <ul style="list-style-type: none"> • 50mg 		
	200	Piece	HYOSCINE BUTYL BROMIDE TABLET <ul style="list-style-type: none"> • 10mg 		
	200	Piece	IBUFROFEN LIQUID GEL CAPSULE <ul style="list-style-type: none"> • 400mg 		
	200	Piece	LOPERAMIDE CAPSULE <ul style="list-style-type: none"> • 2mg 		
	200	Piece	MEFENAMIC ACID TABLET <ul style="list-style-type: none"> • 500mg 		
	2	Piece	MOMETASONE FUROATE OINTMENT <ul style="list-style-type: none"> • 1mg/g 		
	2	Piece	MUPIROCIIN OINTMENT <ul style="list-style-type: none"> • 20mg/g 		
	100	Piece	NAPROXEN SODIUM		

200	Piece	OMEPRAZOLE CAPSUL • 20mg		
100	Piece	ORAL REHYDRATION SALT SACHET		
500	Piece	PARACETAMOL TABLET • 500mg		
200	Piece	PARACETAMOL IBUFROFEN TABLET • 200mg • 325mg		
100	Piece	SALBUTAMOL TABLET • 200mcg		
200	Piece	LAGUNDI LEAF • 600mg		
2	Piece	SILVER SULFADIAZINE OINTMENT • 10mg/g		
100	Piece	GAVISCON CHEWABLE TABLET • 250mg • 106.5mg • 187.5mg		
2	Piece	EYE MO		
2	Bottle	STERILE EYEWASH • 500cc		
4	Bottle	STERILE WATER		
2	Bottle	GLUCOSE SOLUTION		
2	Box	ALCOHOL AND IODINE PAD		
8	Box	BAND-AID (PLASTER)		
10	Bottle	BETADINE		
100	Piece	COTTON APPLICATOR		
20	Piece	ELASTIC BANDAGE 2x5		
20	Piece	ELASTIC BANDAGE 4x5		
10	Box	GLOVES		
100	Piece	GAUZE PAD		
20	Piece	GAUZE BANDAGE		
10	Piece	ADHESIVE TAPE PLASTIC SURGICAL TAPE		
2	Piece	HOT AND COLD COMPRESS BAG		
4	Set	NENOCLYSIS SET (IV TUBING)		
		-nothing follows-		
		Note: Cost must be VAT-inclusive	TOTAL:	

ENCLOSE THIS FORM IN A SEALED ENVELOPE WITH THE RFQ NUMBER WRITTEN ON THE OUTSIDE AND SUBMIT NOT LATER THAN

DATE SEPTEMBER 13, 2023	TIME 10:00 AM
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WHEN YOU OR YOUR REPRESENTATIVE IS REQUESTED TO ATTEND THE OPENING OF ALL QUOTATIONS. THE AUTHORITY RESERVES THE RIGHT TO ACCEPT OR REJECT ANY OR ALL QUOTATIONS AND TO IMPOSE ADDITIONAL TERMS AND CONDITIONS IT MAY DEEM NECESSARY.

BUSINESS NAME / BUSINESS ADDRESS:

TOTAL QUOTATION AMOUNT

PREPARED BY:

SIGNATURE

NAME

POSITION

PHONE NO. / FAX NO.

TIN: _____