

REQUEST FOR PRICE QUOTATION (RFQ) No. 2021-06-388

NP-Small Value Procurement

June 28, 2021

Company Name: _____

Address: _____

Please quote your lowest price on the item/s listed below and submit your quotation together with the requirements stated hereunder to this office located at Room 442, Manila City Hall Building, Arroceros Street, Manila during office hours within seven (7) calendar days from receipt hereof, subject to the following terms and conditions, to wit:

1. If applicable, indicate the specific brand, model/year and country of origin for each item.
2. Delivery period shall be within Fifteen (15) calendar days upon receipt of Purchase Order
3. Warranty shall be for a period of three (3) months for supplies and materials, One (1) year for equipment from date of acceptance by the end-user.
4. Price validity shall be for a maximum period of 120 calendar days.
5. Subject to the submission of the following documents:
 - a. DTI Certificate of Registration
 - b. Mayor's/Business Permit
 - c. PhilGEPS Registration Number
 - d. Income/Business Tax Return
 - e. Omnibus Sworn Statement

Canvassed By:

THELMA L. PEREZ
Officer-In-Charge

DUANNIE C. GONZALES
Acting Supply Officer I

ITEM	QTY.	UNIT	ARTICLE AND DESCRIPTION	CEILING PRICE	UNIT PRICE	TOTAL
Office: Ospital Ng Maynila Medical Center				PR No. 047		
Charge to: Philhealth Trust Fund						
ABC: Php997,347.50						
1	27	vials	Carbachol Intraocular Solution 0.01 % 1 ml Vial 1:3	Php 1,382.50	Php _____	Php _____
2	40	bxs	Hydroxypropyl Methylcellulose USP 2% W/V Ophthalmic Solution 2ml Preservative Free (Appavisc HV PFS) 1:2	Php 625.00	Php _____	Php _____
3	40	pcs.	Nylon Ophthalmic Suture 10-0 , 3 cm.1:2	Php 1,750.00	Php _____	Php _____
4	70	pcs.	Ophthalmic Intraocular Lens (Rigid/Foldable)	Php 2,500.00	Php _____	Php _____
5	40	pcs.	Ophthalmic Knife 2.75 mm 1:2	Php 1,750.00	Php _____	Php _____
6	40	pcs.	Ophthalmic Stab Knife Straight 15 Degrees 1:2	Php 1,250.00	Php _____	Php _____
7	80	bxs	Sodium Hyaluronate Eye Gel (Curamed SH/BF)	Php 4,000.00	Php _____	Php _____
8	30	pcs.	Trypan Blue 0.6mg Ophthalmic Solution 1:3	Php 625.00	Php _____	Php _____
9	40	amps	Bupivacaine Heavy Amp 1:2	Php 1,450.00	Php _____	Php _____
10	50	tubes	Levofloxacin 5 mg/ml (0.5% w/v) Ophthalmic Soln. Preservative Free	Php 800.00	Php _____	Php _____
11	70	amps	Lidocaine HCl 2%, 20mg /ml, 5 ml Polyamp	Php 100.00	Php _____	Php _____
12	27	tubes	Moxifloxacin HCl 5mg/ml Ophthalmic Soln., 5 ml Bottle Preservative Free 1:4	Php 850.00	Php _____	Php _____
13	30	tubes	Nepafenac 1mg/ml , 5 ml Eye Solution.1:2	Php 1,170.00	Php _____	Php _____
14	30	tubes	Prednisolone Acetate 10 mg/ml Ophthalmic Soln. . 5 ml Bottle	Php 620.00	Php _____	Php _____
15	20	tubes	Proparacaine 5mg/ml, 15ml Eye Solution 5 ml 1:10	Php 1,050.00	Php _____	Php _____
16	27	tubes	Tropicamide + Phenylephrine 5 mg + 5 mg/ml Eye Solution 10 ml Bottle 1:4	Php 1,060.00	Php _____	Php _____
X-X-X-X-X-X-X-X-X-X-X				Per Lot Basis Total Php _____		
				vvvvvvvvvvvvvvvv		

After having carefully read and accepted your terms and conditions, I/We hereby quote on the items/s at prices listed above

Printed Name/Signature

Tel. No/Cellphone No.
e-mail address

Date