on 4/17

BASES CONVERSION and DEVELOPMENT AUTHORITY

2/F Bonifacio Technology Center, 31st Street Bonifacio Global City, Taguig City Tel. No. 575-1700 loc. 1782/1784

(Company Name):

Fax No. : 575-1785

PR#: 1078

Date 17 Apr. 2018

REQUEST FO	R QUOTATION
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Plea	se quote	your lowest price(s) using this form, or your letterhead. Also, take r	note of the following o	details:		
BCD.	2) Send to 3) Quota 4) The quarter 4 reserves	tion/s shall be addressed to the Head of Procurement Division. Ple the said quotation/s to BCDA or fax the same at no. 816-1043 not la tion/s submitted after the set deadline indicated in item no. 2 shall uotation/proposal shall be properly signed by the authorized repress the right to accept or reject any or all of the quotations, or waive the considered most advantageous to the gov't., or to pursue appropri	ter than I not be accepted/cor entative and/or e formally therein, or	isidered. to accept quot	ation/s	
		accept the award without justifiable reason/s.	rate tegat action shot	ara cire mining	0 6	
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0:	Canvasse BCDA HE	AD OF PROCUREMENT				
		relow is/are the price(s) of the article(s)/service(s) as indicated unc	ler Unit Price			
QTY (A)	UNIT	DESCRIPTION/SPECIFICATIONS	UNIT COST (ex- VAT) (B)	VAT (C)	TOTAL UNIT COST (D=B+C)	TOTAL AMOUNT (AxD)
2,500	PC	AMOXICILLIN (500mg capsules)				, , ,
100	ВОТ	AMOXICILLIN (DROPS 100MG/ML)				
80	ВОТ	AMOXICILLIN (250ML SYRUP 250MG/5ML)				
200	PC	ALUMINUM HYDROXIDE MGOH SIMETHICONE (356MG TAB)				
30	PC	ALUMINUM HYDROXIDE MGOH SIMETHICONE (SUSPENSION)				
150	PC	CATAPRES (75MG TAB)				
500	PC	METAPROLOL				
30	PC	SALBUTAMOL NEBULE				
150	PC	IBUPROFEN + PARACETAMOL (500MG CAPSULES)				
2,000	PC	MEFENAMIC ACID (500MG TAB)				
150	PC	NAPROXEN SODIUM (500MG CAP)				
30	ВОТ	PARACETAMOL (80MG/0.8ML DROPS)				
100	BOT	PARACETAMOL (250ML SYRUP 250MG/5ML)				
500	PC PC	PARACETAMOL (500MG TABLET)				
100	PC	PHENYLEPHRINE HCL + CHLORPHENAMINE MALEATE + PARACETAMOL (SYRUP 120ML)				
75	BOT	CARBOCISTEINE (250ML 250MG/5ML)				
1,000	PIECE	CARBOCISTEINE (500MG CAPSULES)				
erms o	Payment Delivery	Inclusive of all applicable taxes : : of price: one month				
	annan	de tease one year				
		tify, that we have prepared, checked and reviewed this quotation. is valid unless revoked in writing which should be done prior to our	receipt of the Purcha	ise Order or Jol	o Order.	
Printe	d Name/S	ignature/DATE Immediate Supervisor			Telephone / Fax Nu	mber

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PR#:0078

REQUEST FOR QUOTATION

Compa	ny Name	: 		Date Quota	17 Apr. 2018		
Plea	se quote y	your lowest price(s) using this form, or your letterhead. Also, take	note of the following d	etails:			
	2) Send t 3) Quota	tion/s shall be addressed to the Head of Procurement Division. F he said quotation/s to BCDA or fax the same at no. 816-1043 not tion/s submitted after the set deadline indicated in item no. 2 sh uotation/proposal shall be properly signed by the authorized repre-	later than all not be accepted/con:		e No.		
BCD	as may b	s the right to accept or reject any or all of the quotations, or wai e considered most advantageous to the gov't., or to pursue appro accept the award without justifiable reason's.					
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	Canvasse				VICKY M. NATIVIDAD		
0:		AD OF PROCUREMENT			V		
	request, b	elow is/are the price(s) of the article(s)/service(s) as indicated u			-		
QTY (A)	UNIT	DESCRIPTION/SPECIFICATIONS	UNIT COST (ex- VAT) (B)	VAT (C)	TOTAL UNIT COST (D=B+C)	TOTAL AMOUNT (AxD)	
100	PC	BUTAMIRATE CITRATE FORTE (50MG TAB)					
25	PC	HYDROCORTISONE CREAM (5G CREAM)					
50	PC	LOPERAMIDE CAP (2MG CAP)					
12	PACK	COTTON BALLS					
200	PC	FACE MASK					
20	PC	ALCOHOL ISPROPHYL 70% (150ML)					
10	ВОТ	PROVIDONE-IODINE ANTISEPTIC 10% 60ML					
10	PIECE	DIGITAL THERMOMETER					
12	PACK	TISSUE PAPER					
2	ВОХ	TONGUE DEPRESSOR					
30	ВОТ	CLOXACILLIN NA (250MG/5ML)					
1,000	PC	CLOXACILLIN NA (500MG CAPSULES)					
30	ВОТ	COTRIMOXAZOLE (200MG/40MG/5ML)					
40	PC	SALBUTAMOL (2MG/5ML)					
50	ВОТ	MEBENDAZOLE (100MG/5ML)					
30	BOT	DIPHENHYDRAMINE (125MG/5ML)					
50	BOT	GUAIFENESIN (100mg/5ml)					
erms	Payment Delivery: Validity	Inclusive of all applicable taxes: of price: one month					
	WARRAN	TY: at least one year					
		tify, that we have prepared, checked and reviewed this quotation is valid unless revoked in writing which should be done prior to or		e Order or Job	Order.		
Printe	d Name/Si	gnature/DATE Immediate Supervisor			Tolonbon - / F - · ·		
		s supervisor			Telephone / Fax Nur	nber	

Medicines for NCC Medical Mission Page 1.xlsx

Page 2

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Company Name):		:	Date 1+ Apr - 2018 Ouotation Number					
				Quotat	ion Number			
Pleas	se quote y	our lowest price(s) using this form, or your letterhead. Also, tak	e note of the following d	etails:				
		tion/s shall be addressed to the Head of Procurement Division.		on or Referenc	e No.			
		he said quotation/s to BCDA or fax the same at no. 816-1043 not tion/s submitted after the set deadline indicated in item no. 2 sh		sidered				
		notation/proposal shall be properly signed by the authorized repr	아이 사람이 그 아이들은 일이 되어 가게 하지 않는데 보다면	sidered.				
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BCDA		s the right to accept or reject any or all of the quotations, or wa e considered most advantageous to the gov't., or to pursue appr						
	refuse to	accept the award without justifiable reason/s.						
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	Canvasse				TICKT M. NATIVIDA	<u> </u>		
· O:		AD OF PROCUREMENT						
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(A)	UNIT	DESCRIPTION/SPECIFICATIONS	VAT) (B)	VAT (C)	(D=B+C)	(AxD)		
16	PC	ANTISEPTIC SOAP (SULFUR SOAP)						
200	BOT	VITAMINS (MULTIVITAMINS PEDIATRIC SYRUP 120ML)						
1,500	PC	MULTIVITAMINS FOR ADULTS						
1,500	PC	VITAMINS (ASCORBIC ACID 500MG)						
500	PC	VITAMINS (B COMPLEX)						
1,000	PC	VITAMINS (FERROUS SULFATE 325MG)						
5	TUBE	LUBRICATING GEL/JELLY						
10	PC	NEBULIZER KIT WI MOUTHPIECE ONLY						
30	BOT	IBUPROFEN (200MG/5ML SYRUP)						
2	BOX	SURGICAL GLOVES (6.5 SIZE 50 PAIRS PER BOX)						
2	BOX	SURGICAL GLOVES (8.0 SIZE 50 PAIRS PER BOX)						
<i>7</i> 5	ВОТ	ERYTHROMYCIN (200mg/5ml)						
100	рс	DISPOSABLE GLOVES (MEDIUM SIZE)						
70	BOT	LIDOCAINE (2% LIDOCAINE 50ML VIALS)						
erms d	ind condi Price:	tions: Inclusive of all applicable taxes						
	Payment							
	Delivery	:						
	Validity	of price : one month						
	WARRAN	TY: at least one year						
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		tify, that we have prepared, checked and reviewed this quotation is valid unless revoked in writing which should be done prior to a		se Order or Jol	h Order			
	1	The same areas and the same areas are same prior to	our receipt of the Furcile	ise order or sor	o order.			
Printe	d Name/S	ignature/DATE Immediate Supervisor			Telephone / Fax Nu	mber		