



REQUEST FOR QUOTATION

The Civil Aviation Authority of the Philippines (CAAP-Main Office), through its Canvass and Contract Committee (CCC), will undertake a **Small Value Procurement** for the "Purchase of various Drugs and Medicines for the use of OFSAM" in accordance with Section 53.9 of the Implementing Rules and Regulations of Republic Act No. 9184.

RFQ No. : **C23-049-08**
 Name of Project : **Purchase of various Drugs and Medicines for the use of OFSAM**
 Approved Budget for
 for Contract : **P 750,950.00**
 Terms : See the attached Annex "A" for Terms of Reference and
 corresponding Specifications
 Location : Procurement Division, CAAP, MIA Road, Pasay City
 Delivery Term : **One (1) month from the receipt of Notice**
For Compliance / Partial delivery is not allowed
 Delivery Location : **CAAP Head Office Warehouse**
 Delivery Time : **8:00 AM – 4:00 PM (working days)**

Interested suppliers are required to submit their valid and current documents which must be properly fastened and sealed in an envelope:

1. Mayor's or Business Permit issued by the city or municipality where the principal place of business of the prospective bidder is located, or the equivalent document for Exclusive Economic Zones or Areas;
2. Income Business Tax Return for ABC's above P500,000.00;
3. PHILGEPS Certificate of Registration;
4. Tax Clearance;
5. Notarize Omnibus Sworn Statement (GPPB prescribed Form) for ABC's above P50,000.00; (Authorized representative must attach Special Power of Attorney (SPA) for Sole Proprietorship Certificate for Corporation)
6. Price quotation from (Annex "A") during submission of offer/Quotation and,
7. Brochure if applicable

The winning supplier shall – upon claiming of the Contract – present the original copy of the documents listed above for comparison, or submit a **Certified True Copy** of the original document which must be certified by the issuing government agency. However, the **original copy** of the Omnibus Sworn Statement, Price Quotation Form, and Brochure **must be included in the sealed bid**.

Price quotation/s must be valid for a period of one hundred twenty (120) calendar days from the date of submission.

Quotations exceeding the Approved Budget for the Contract shall be rejected.

Award of 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. In case two or more bidders are determined to have submitted the Lowest Calculated/Lowest Calculated and Responsive Quotation, CAAP-CCC shall adopt and employ "draw lots" as the tie breaking method to finally determine the single winning provider in accordance with GPPB Circular 06-2005.

The CAAP-TIAC shall have the right to inspect and/or test the goods to confirm their conformity to the technical specifications.

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.

Liquidated damages equivalent to one tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. CAAP shall rescind the contract once the cumulative amount of liquidated damaged reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.

ATTY. JOHN BEAU B. MASIGLAT
 CCC-Chairperson



PRICE QUOTATION FORM

Date: _____

The Chairperson
 Canvass and Contract Committee
 Procurement Division, CAAP,
 MIA Road, Pasay City

Sir:

After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our quotation/s for the item/s as follows:

Purchase of various Drug and Medicine				
Technical Specifications / Requirements	QTY	Unit	Unit Price	Total Price
Anti-Bacterial				
Amoxicillin 500mg. /Cap. 100's	15	Bxs		
Cloxacillin 500mg. /Tab. 100's	15	Bxs		
Ciprofloxacin 500mg. /Tab. 100's	10	Bxs		
Azithromycin 500mg. /Tab. 13's	20	Bxs		
Co-Amoxiclav 625mg. /Tab. 14's	20	Bxs		
Cefalexin 500mg. /Tab. 100's	15	Bxs		
Antihypertensive				
Amlodipine 5 mg./ Tab 100's	10	Bxs		
Lozartan 50 mg./ Tab 100's	10	Bxs		
Clonidine HCL 75 mg./ Tab 100's	5	Bxs		
Amlodipine 50mg + Lozartan 50 mg./ Tab 100's	15	Bxs		
Captopril 25 mg./ Tab 100's	5	Bxs		
Analgesic/ Muscle Relaxant				
Ibuprofen + Paracetamol 500mg	5	Bxs		
Paracetamol 500mg (Biogesic)	10	Bxs		
Naproxen Sodium 500 mg	10	Bxs		
Celecoxib 200mg	10	Bxs		
Orphenadrine Citrate + Paracetamol (Norgesic)	10	Bxs		
Mefenamic Acid 500mg	10	Bxs		
Anti-Diabetic				
Metformin 500mg/ Tab 100's	5	Bxs		
Gliclazide 80mg/ Tab 100's	5	Bxs		
Glimiperide 2mg/ Tab 100's	5	Bxs		
Cough and Colds				
Catbocisteine 500mg 100's	10	Bxs		
Phenylpropanolamine HCl + Chlorphenamine + Paracetamol (Symdex) 100's	15	Bxs		
Lagundi Forte 600mg 100's	5	Bxs		
Erdosteine 300mg	5	Bxs		
Salbutamol Tab	5	Bxs		
Ambroxol 75mg	5	Bxs		
Antacid/Anti Spasmodic				
Aluminum Hydroxide 200mg/ Magnesium Hydroxide 100mg 100's	5	Bxs		
Loperamide 2mg/ Tab 100's	10	Bxs		
Omeprazole 20mg/ Tab 100's	15	Bxs		
Hyoscine -N -Butylbromide 10mg/ Tab	5	Bxs		
Omeprazole 40mg/ Tab 100's	15	Bxs		
Lipid Regulating				
Rosuvastin 10mg/ Tab 30's	5	Bxs		
Rosuvastin 20mg/ Tab 30's	10	Bxs		
Simvastatin 20mg/ Tab 30's	5	Bxs		
Atorvastatin 20mg/ Tab 30's	10	Bxs		
Fenofibrate 200mg/ Tab 30's	10	Bxs		
Anti-Histamine				
Cetirizine 10mg	10	Bxs		
Loratadine 10mg	15	Bxs		
Levocetirizine 10mg	5	Bxs		



Levocetirizine + Montelukast	10	Bxs		
Chlorphenamine Maleate	5	Bxs		
Anti -Gout				
Allupurinol 100mg/Tab 100's	5	Bxs		
Febuxostat 40mg/Tab 100's	5	Bxs		
Anti-Vertigo				
Cinnarizine 25mg/ Tab 100's	10	Bxs		
Betahistine 8mg/ Tab 100's	5	Bxs		
Eye Drops				
Naphazoline Pheniramine 15ml. (Naphcon)	20	Bot		
Dexamethasone 1mg Tobramycin 5ml	10	Bot		
Tobramycin Eye drops Plain	10	Bot		
Carboxymethylcellulose Sodium 0.5%	10	Bot		
Cream and Ointment				
Mupirocin Ointment 2%	20	Tube		
Clobetasol Propionate 500mcg/g (10g)	20	Tube		
Ketoconazole Cream 5g	20	Tube		
Silver Sulfadiazine Cream	10	Tube		
Mupirocin + Dexa/Betamethasone Oint.	10	Tube		
Injectables				
Hyoscine -n- Butylbromide amp. 10's	3	Bxs		
Tetabus Toxiol Amp. 10's	5	Bxs		
Diphenhydramine IM/IV 50ml	3	Bxs		
Otic Drops				
Ofloxacin Otic Drops	15	Bot		
Clotrimazole Otic Drops	15	Bot		
Product/Supplier Requirement:				
<ul style="list-style-type: none"> • Products must be FDA Approved supported by <u>Certificate of Product Registration</u>. And with Bioavailability and Bioequivalence studies. Product (Product Information) as necessary. • Product must be listed in the Philippine National Drug Formulary. • The supplier must be an authorized distributor by the principal or manufacturer • The supplier must have License to Operate • The expiration date of items should not be less than one and a half (1 ½) years from the date of the delivery • Underutilized or unused items which are three (3) months near the expiry period could be returned to the supplier for replacement • The supplier must have an office and store warehouse where the item/s indicated in the bid are being displayed or stored • List of institutions supplied or with similar contracts 				
Total (Inclusive of VAT)				

(Amount in Words) _____

The above-quoted prices are inclusive of all costs and applicable taxes.

Very truly yours,

Name/Signature of Representative

Position

Name of Company

Contact No.

Email Address



TERMS OF REFERENCE

NAME OF PROJECT		Purchase Request of Various Drug and Medicine
APPROVED BUDGET		Seven Hundred fifty Thousand and nine hundred fifty pesos only (Php 750,950.00)
DELIVERY PERIOD		One (1) month from the receipt of Notice for Compliance. <i>Note: Partial Delivery is not allowed</i>
DELIVERY LOCATION		CAAP Head Office Warehouse <i>Note: Delivery must be made only from 8:00am- 4:00pm during regular work days.</i> <i>A written Notice must be sent to the official e-mail address of the Procurement Division, and Supply Division at least seven (7) calendar days prior to the intended date of delivery.</i> <i>A confirmation of availability of concerned office must be received by the supplier before proceeding with the delivery. None compliance may be ground for refusal of entry to the premises and receipt of delivery with no fault on the part of the Civil Aviation Authority of the Philippines.</i>
TERMS OF PAYMENT		Payment upon full delivery and subject to usual government accounting rules and regulations.


TECHNICAL
SPECIFICATIONS

15 Bxs.	Anti- Bacterial Amoxicillin 500mg. / Cap. 100's
15 Bxs.	Cloxacillin 500mg. / Tab. 100's
10 Bxs.	Ciprofloxacin 500mg./ Tab. 100's
20 Bxs.	Azithromycin 500mg./ Tab. 3's
20 Bxs.	Co-Amoxiclav 625mg. / Tab 14's
15 Bxs.	Cefalexin 500mg. / Tab. 100's
	Antihypertensive
10 Bxs.	Amlodipine 5mg. / Tab. 100's
10 Bxs.	Lozartan 50mg. /Tab 100's
5 Bxs.	Clonidine HCL 75mg./ Tab 100's
15 Bxs.	Amlodipine 50mg + Lozartan 50mg./ Tab 100's
5 Bxs.	Captopril 25mg. 100's
	Analgesic/ Muscle Relaxant
5 Bxs.	Ibuprofen + Paracetamol 500mg
10 Bxs.	Paracetamol 500mg. (Biogesic)
10 Bxs.	Naproxen Sodium 500mg.
10 Bxs.	Celecoxib 200mg.
10 Bxs.	Orphenadrine Citrate + Paracetamol (Norgesic)
10 Bxs.	Mefenamic Acid 500mg.
	Anti-Diabetic
5 Bxs.	Metformin 500mg./ Tab 100's
5 Bxs.	Gliclazide 80mg. / Tab 100's
5 Bxs.	Glimiperide 2mg. 100's
	Cough and Colds
10 Bxs.	Carbocisteine 500mg. 100's
15 Bxs.	Phenylpropanolamine HCl +Chlorphenamine + Paracetamol (Symdex) 100's
5 Bxs.	Lagundi Forte 600mg. 100's
5 Bxs.	Erdosteine 300mg.
5 Bxs.	Salbutamol Tab.
5 Bxs.	Ambroxol 75mg.
	Antacid/ Anti Spasmodic
5 Bxs.	Aluminum Hydroxide 200mg./ Magnesium Hydroxide 100mg. 100's
10 Bxs.	
15 Bxs.	Loperamide 2mg./ Tab 100's
5 Bxs.	Omeprazole 20mg. / Tab 100's
15 Bxs.	Hyoscine -N -Butylbromide 10mg. / Tab Omeprazole 40mg. / Tab 100's
	Lipid Regulating
5 Bxs.	Rosuvastatin 10mg. / Tab. 30's
10 Bxs.	Rosuvastatin 20mg. / Tab 30's
5 Bxs.	Simvastatin 20mg. / Tab 100's
10 Bxs.	Atorvastatin 20mg. / Tab 100's
10 Bxs.	Fenofibrate 200mg. / Tab 100's

	<p>10 Bxs 15 Bxs 5 Bxs 10 Bxs. 5 Bxs.</p>	<p>Anti-Histamine Cetirizine 10mg. Loratadine 10mg. Levocetirizine 10mg. Levocetirizine + Montelukast Chlorpenamine Maleate</p>
	<p>5 Bxs 5 Bxs</p>	<p>Anti-Gout Allupurinol 100mg. / Tab 100's Febuxostat 40mg. / Tab 100's</p>
	<p>10 Bxs. 5 Bxs.</p>	<p>Anti- Vertigo Cinnarizine 25mg. / Tab 100's Betahistine 8 mg. / Tab 100's</p>
	<p>20 Bot. 10 Bot. 10 Bot 10 Bot.</p>	<p>Eye Drops Naphazoline Pheniramine 15ml. (Naphcon) Dexamethasone 1mg. Tobramycin 5ml. Tobramycin Eye drops Plain Carboxymethylcellulose Sodium 0.5%</p>
	<p>20 Tube 20 Tube 20 Tube 10 Tube 10 Tube</p>	<p>Cream and Ointment Mupirocin Ointment 2% Clobetasol Propionate 500mcg/ g (10g.) Ketoconazole Cream 5g. Silver Sulfadiazine Cream Mupirocin + Dexta / Betamethasone Oint.</p>
	<p>3 Bxs. 5 Bxs. 3 Bxs.</p>	<p>Injectables Hyoscine-n- Butylbromide amp. 10's Tetanus Toxioid Amp. 10's Diphenhydramine IM/ IV 50ml.</p>
	<p>15 Bot. 15 Bot.</p>	<p>Otic Drops Ofloxacin Otic Drops Clotrimazole Otic Drops</p>

		<p>Product/ Supplier Requirement:</p> <ul style="list-style-type: none"> • Products must be FDA Approved supported by <u>Certificate of Product Registration</u>. And with Bioavailability and Bioequivalence studies. Product (Product Information) as necessary. • Product must be listed in the Philippine National Drug Formulary. • The supplier must be an authorized distributor by the principal or manufacturer. • The supplier must have License to Operate. • The expiration date of items should not be less than one and a half (1 ½) years from the date of the delivery. • Underutilized or unused items which are three (3) months near the expiry period could be returned to the supplier for replacement. • The supplier must have an office and store warehouse where the item/s indicated in the bid are being displayed or stored. • List of institutions supplied or with similar contracts.
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Requested by:


SHERMAN T NAZAIRE, MD
 AME, OFSAM

Approved by;


ROLLY T BAYABAN, MD
 Chief, OFSAM