



Republic of the Philippines

CIVIL AVIATION AUTHORITY OF THE PHILIPPINES

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 "Supply and delivery of various drugs and medicine" in accordance with Section 53.9 of the Implementing Rules and Regulations of Republic Act No. 9184.

RFQ No. : **C24-111-09**
Name of Project : **Supply and delivery of various drugs and medicine**
Approved Budget for Contract : **P641,675.00**
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
Note: Partial delivery is allowed
Delivery Time : 8:00 AM – 4:00 PM Monday to Friday (Regular work days)
Delivery Location : **CAAP, OFSAM Annex Building**

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

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.

The quotation shall be submitted in sealed envelope on or before the closing date of ~~NOV 08 2024~~ at 10:00 AM, CAAP Procurement Division and addressed to:

ATTY. JOHN BEAU B. MASIGLAT
Chairperson, Canvass and Contract Committee
Gate 3 CAAP, Old MIA Road
Pasay City, Metro Manila

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

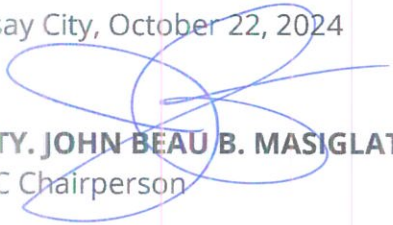
Award of contract shall be made to the lowest quotation, which complies with the minimum description as stated above and other terms and conditions stated in the price quotation form. In case two or more bidders are determined to have submitted the Lowest Calculated/Lowest Calculated and Responsive Quotation, 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 damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.

Pasay City, October 22, 2024


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:

Supply and Delivery of Various Drugs and Medicine				
Technical Specifications	QTY	Unit	Unit Price	Total Price
Anti- Bacterial Cefuroxime 500mg. / Cap. 30's Cefixime 200mg. / Tab. 30's Doxycycline 100mg./ Tab. 100's Co-Amoxiclav 625mg./ Tab. 14's Amoxycillin 500mg. / Tab 100's	3 3 2 30 10	Bxs Bxs Bxs Bxs Bxs		
Antihypertensive Amlodipine 5mg. / Tab. 100's Amlodipine 10mg. /Tab 100's Metoprolol 50mg./ Tab 100's Enalapril 10mg./ Tab 100's Lozartan 50mg. / Tab 100's Lozartan 100mg./ Tab. 100's	10 5 5 1 10 5	Bxs Bxs Bxs Box Bxs Bxs		
Analgesic/ Muscle Relaxant Celecoxib 400mg/ Tab 100's Etocoroxib 120mg./ Tab 30's (Arcoxia) Mefenamic Acid 500mg. Epirosone 50mg./ Tab 100's (Myonal) Carisoprodol + Paracetamol (Lagaflex)	3 3 10 2 1	Bxs Bxs Bxs Bxs Box		
Anti-Diabetic Metformin 500mg./ Tab 100's Sitagliptin + Metformin 50/500mg 28's (Velmetia)	15 5	Bxs Bxs		
Cough and Colds Sinecod Forte Tab. 20's Sinupret Tab. 20's Neozep ND 100's Acetylcysteine 600mg/ Tab 10's (Pneumotyl) Salbutamol Nebule 30's	5 5 5 20 3	Bxs Bxs Bxs Bxs Bxs		



Antacid/ Anti Spasmodic Domperidone 10mg/ Tab. 100's Esomeprazole 40mg./ Tab 14's Kremil -S / Tab 100's Hyoscine -N -Butylbromide 10mg. / Tab 100's	2 5 1 2	Bxs Bxs Box Bxs		
Lipid Regulating Rosuvastatin 10mg. / Tab. 100's Rosuvastatin 20mg. / Tab 100's Fenofibrate + Rosuvastatin 160/10mg.	15 10 5	Bxs Bxs Bxs		
Anti-Histamine Levocetirizine + Montelukast 30's	3	Bxs		
Anti-Gout Colchicine 500mg. / Tab 100's Febuxostat 40mg. / Tab 100's	5 10	Bxs Bxs		
Eye Drops Visine Red Eyes	10	Bot		
Cream and Ointment Mupirocin Ointment 2% Clobetasol Propionate 500mcg/ g (10g.) Mometasone Ointment 1ml. 5g. Hydrocortisone Cream 10mg./g 15g.	10 10 5 5	Tube Tube Tube Tube		
Injectables Paracetamol Ampule 10's	1	Box		
Nasal Spray Azelastine 1mg./ 14ml. Nasal Spray	5	Bot		
Vitamins Sodium Ascorbic + Zinc 100's (Immuno Pro) Vitamin E + B-Complex 100's (Neurogen) Multivitamins + Iron 100's (Stress Tab)	40 40 40	Bxs Bxs Bxs		



(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



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TERMS OF REFERENCE

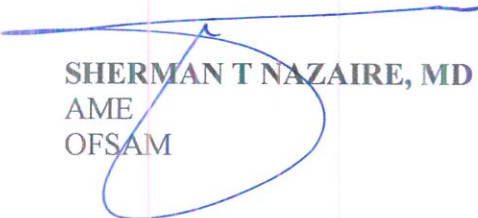
NAME OF PROJECT		Supply and Delivery of Various Drug and Medicine
APPROVED BUDGET		Six hundred forty one thousand and six hundred seventy five pesos only (Php 641,675.00)
DELIVERY PERIOD		One (1) month from the receipt of Notice for Compliance. <i>Note: Partial Delivery is not allowed</i>
DELIVERY LOCATION		CAAP/ OFSAM Annex Building <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	3 Bxs.	Anti- Bacterial Cefuroxime 500mg. / Cap. 30's
	3 Bxs.	Cefixime 200mg. / Tab. 30's
	2 Bxs.	Doxycycline 100mg./ Tab. 100's
	30 Bxs.	Co-Amoxiclav 625mg./ Tab. 14's
	10 Bxs.	Amoxycillin 500mg. / Tab 100's
	10 Bxs.	Antihypertensive Amlodipine 5mg. / Tab. 100's
	5 Bxs.	Amlodipine 10mg. /Tab 100's
	5 Bxs.	Metoprolol 50mg./ Tab 100's
	1 Box	Enalapril 10mg./ Tab 100's
	10 Bxs.	Lozartan 50mg. / Tab 100's
	5 Bxs.	Lozartan 100mg./ Tab. 100's
	3 Bxs.	Analgesic/ Muscle Relaxant Celecoxib 400mg/ Tab 100's
	3 Bxs.	Etoricoxib 120mg./ Tab 30's (Arcoxia)
	10 Bxs.	Mefenamic Acid 500mg.
	2 Bxs.	Epirosone 50mg./ Tab 100's (Myonal)
	1 Box	Carisoprodol + Paracetamol (Lagaflex)
	15 Bxs.	Anti-Diabetic Metformin 500mg./ Tab 100's
	5 Bxs.	Sitagliptin + Metformin 50/500mg 28's (Velmetia)
	5 Bxs.	Cough and Colds Sinecod Forte Tab. 20's
	5 Bxs.	Sinupret Tab. 20's
	5 Bxs.	Neozep ND 100's
	20 Bxs.	Acetylcysteine 600mg/ Tab 10's (Pneumotyl)
	3Bxs.	Salbutamol Nebule 30's
	2 Bxs.	Antacid/ Anti Spasmodic Domperidone 10mg/ Tab. 100's
	5 Bxs.	Esomeprazole 40mg./ Tab 14's
	1 Box	Kremil -S / Tab 100's
	2 Bxs.	Hyoscine -N -Butylbromide 10mg. / Tab 100's
	15 Bxs.	Lipid Regulating Rosuvastatin 10mg. / Tab. 100's
	10 Bxs.	Rosuvastatin 20mg. / Tab 100's
	5 Bxs.	Fenofibrate + Rosuvastatin 160/10mg.
	3 Bxs	Anti-Histamine Levocetirizine + Montelukast 30's
	5 Bxs	Anti-Gout Colchicine 500mg. / Tab 100's

	10 Bxs	Febuxostat 40mg. / Tab 100's
	10 Bot.	Eye Drops Visine Red Eyes
	10 Tube 10 Tube 5 Tube 5 Tube	Cream and Ointment Mupirocin Ointment 2% Clobetasol Propionate 500mcg/ g (10g.) Mometasone Ointment 1ml. 5g. Hydrocortisone Cream 10mg./g 15g.
	1 Bxs.	Injectables Paracetamol Ampule 10's
	5 Bot.	Nasal Spray Azelastine 1mg./ 14ml. Nasal Spray
	40 Bxs 40 Bxs. 40 Bxs.	Vitamins Sodium Ascorbic + Zinc 100's (Immuno Pro) Vitamin E + B-Complex 100's (Neurogen) Multivitamins + Iron 100's (Stress Tab)
		Product/ Supplier Requirement: • Products must be PFDA Approved and with Bioavailability and Bioequivalence studies (Product Information) as necessary. • Product must be listed in the Philippine National Drug Formulary. • 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.

Requested by:

Approved by;


SHERMAN T NAZAIRE, MD
AME
OFSAM


ROLLY T BAYABAN, MD
Chief, OFSAM
OFSAM