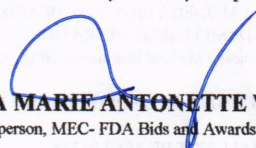


Civic Drive, Filinvest Corporate City, Alabang, Muntinlupa City

REQUEST FOR QUOTATION

Date 18-Mar-2022
 Quotation No. NP-SVP(A)-2022-010-DTQAL

Please quote your lowest price on the item/s listed below, subject to the Conditions. Kindly submit your quotation duly signed by you or your representative not later than **PhilGEPS Closing Date**.


EBA MARIE ANTONETTE W. INIS
 Chairperson, MEC- FDA Bids and Awards Committee

Name of Project: Procurement of Reference Standards for Pharmaceutical Analysis of DTQAL
 Procurement Mode: NP-Small Value Procurement (A)
 Classification: Goods
 Approved Budget for the Contract (ABC): Php 378,934.40

ITEM DESCRIPTION/SPECIFICATION	UNIT	QTY.	COST PER ITEM	TOTAL PRICE OFFERED
REFERENCE STANDARDS FOR PHARMACEUTICAL ANALYSIS				
Ambroxol Hydrochloride, CAS No.: 23828-92-4, 250 mg/bot, LGC Reference Standard or equivalent	bot	2	46,083.70	
Butamirate Citrate, CAS No.: 18109-81-4, 250 mg/bot, LGC Reference Standard or equivalent	bot	1	46,085.00	
Decitabine CAS No.: 2353-33-5, 250 mg/bot, LGC Reference Standard or equivalent	bot	1	36,309.00	
Domperidone CAS No.: 57808-66-9, 250mg/bot, LGC Reference Standard or equivalent	bot	1	46,085.00	
Gliclazide CAS No.: 21187-98-4 250mg/bot, LGC Reference Standard or equivalent	bot	1	46,085.00	
Sodium Valproate CAS No.: 1069-66-5, 250mg/bot, LGC Reference Standard or equivalent	bot	1	39,585.00	
Trimetazidine Dihydrochloride, CAS No.:13171-25-0, 250 mg/bot, LGC Reference Standard or equivalent	bot	1	36,309.00	
Rifaximin, CAS No.: 80621-81-4, 100mg/bot, LGC Reference Standard or equivalent	bot	1	36,309.00	
<i>(Please quote per line item. Partial quotation is allowed)</i>				
GRAND TOTAL:				

Delivery Period: _____
 *Warranty: _____
 Price Validity: _____

After having carefully read and accepted your General Conditions, I/We hereby submit the price quotation on the item/s noted above, within the stated delivery period and price validity.

 Printed Name over Signature

Canvassed By: _____

 Name of Canvasser & Position Title

Tel. No./ Cellphone No. _____
 E-mail Address: _____
 Date: _____

Date Conducted: _____

DTN:20220223154821