Republic of the Philippines
PHILIPPINE ECONOMIC ZONE AUTHORITY

RFQ No.	CLINIC-2025-001
Date	05/29/2025

REQUEST FOR QUOTATION
Alternative-Small Value [Sec 53.9]

The Philippine Economic Zone Authority (PEZA) intends to undertake **Mode of Procurement: Small Value** in accordance with Sec. 53.9 of the 2016 Revised Implementing Rules and Regulations of the Republic Act No. 9184.

Name of Procurement Project	Procurement for the Provision, Supply and Delivery of Various Medicines for PEZA Employees
Description/Specifications	Please refer to the attached Annex A
Approved Budget for the Contract (ABC)	Php 425, 100.00
Deadline of Submission of Bid:	**June 06, 2025 5:00PM**

Kindly attached the sample photos and design of the offered items

Interested bidders may submit their duly accomplished and filled-up Annex "A" & "B" on or before the deadline of submission of bids to **PEZA Clinic, 8thFloor Double Dragon Center, West Building, DD Meridian Park Macapagal Avenue, Pasay City.**

Bids must be submitted manually or thru email together with the following documentary requirements:

✓	Mayor's/Business Permit **or** PhilGEPS Platinum Membership Certificate
✓	Omnibus Sworn Statement (Notarized) for ABCs above 50K under small value only *Note: For sole proprietorship, please attach notarized Special Power of Attorney (SPA) for authorized representative; For partnership, corporation, cooperative, or joint venture, please attach notarized Secretary's Certificate, Board/Partnership Resolution, or SPA, whichever is applicable.*
✓	PhilGEPS Registration Number (*not required if PhilGEPS Platinum Membership Certificate is submitted)*
	Certification of Authorized Reseller / Distributor from HP

Award of contract shall be given to the lowest calculated and responsive bidder per item which complies with the Price Quotation (Annex A), technical specifications (Annex B) and terms and conditions (Annex C).

For any clarification, you may contact **PEZA Clinic at telephone nos. (02) 8551-3451 local 334 or email janette.cabral@peza.gov.ph**.

JOY ANNE G. NAVALON
Department Manager, HRDD

RFQ No.	CLINIC-2025-001

Annex "A"
PRICE QUOTATION FORM
(Financial Bid)

JOY ANNE G. NAVALON
Department Manager, HRDD
9th Floor Double Dragon Center West Building
DD Meridian Park, Macapagal Avenue, Pasay City

Dear Sir:

After having carefully read and accepted the Terms and Conditions of this RFQ and followed Instructions to Bidders, hereunder is our quotation/s (inclusive of VAT) for the following items:

Item No.	Description	*(A)* Quantity	*(B)* Unit Price PhP	*(A x B)* Total Bid Price (PhP)
1	Febuxostat 40mgs	300		
2	Ambroxol 75mgs	500		
3	Amoxicillin 500mgs	200		
4	Azithromycin 500mgs	240		
5	Betamethasone Valerate Cream 5g	15		
6	Betamethasone Valerate Ointment 5g	15		
7	Cefalexin 500mgs	300		
8	Cefixime 400mgs	120		
9	Cefuroxime Axetil 500mgs	420		
10	Celecoxib 200mgs	600		
11	Cetirizine 10mgs	500		
12	Cinnarizine 25mgs	200		
13	Ciprofloxacin 500mgs	400		
14	Clarithromycin 500mgs	500		
15	Clobetasol Propionate Cream 5g	15		
16	Clobetasol Propionate Ointment 5g	15		
17	Cloxacillin 500mgs	200		
18	Co-Amoxiclav 500/125mgs	600		
19	Ebastine Betamethasone	700		
20	Fluocloxacillin 500mg	400		
21	Paracetamol + HNBB	300		
22	Ibuprofen + Paracetamol	300		
23	Ipratropium Salbutamol Pulmoneb	20		
24	Loperamide	200		
25	Lozenges (Orange Flavor)	200		
26	Mefenamic Acid 500mgs	600		
27	Na Alginate 500mgs Na Bicarbonate 267mgs Ca Carbonate 160mgs	60		
28	Mometasone Cream 5g	10		
29	Mupirocin Ointment 5g	15		
30	Omeprazole 40mgs	800		
31	Paracetamol	500		
32	PNPL Capsule	1600		

33	Eye Mo Red Eyes	5		
	*****Nothing Follows*****			
			TOTAL	

Kindly attached the sample photos and design of the offered items

NAME OF STORE :_____

ADDRESS :_____

PHILGEPS REG. NO. :_____

TIN :_____

AUTHORIZED SIGNATORY:_____
(Signature over Printed Name)

DATE :_____

CONTACT NOS. :_____

EMAIL ADDRESS :_____

INSTRUCTIONS:

(1) Accomplish this Form (Annex A) correctly and accurately.
(2) Do not alter the contents of this form in any way.
(3) Failure to comply with any of the mandatory requirements will disqualify your quotation.
(4) Failure to follow these instructions will disqualify your entire quotation.
(5) Bids exceeding the ABC shall be automatically disqualified.

Annex "B"

Technical Specifications

Item No.	Qty	Specifications	Statement of Compliance (State whether "Comply" or "Not Comply")
1	300	Febuxostat 40mgs	
2	500	Ambroxol 75mgs	
3	200	Amoxicillin 500mgs	
4	240	Azithromycin 500mgs	
5	15	Betamethasone Valerate Cream 5g	
6	15	Betamethasone Valerate Ointment 5g	
7	300	Cefalexin 500mgs	
8	120	Cefixime 400mgs	
9	420	Cefuroxime Axetil 500mgs	
10	600	Celecoxib 200mgs	
11	500	Cetirizine 10mgs	
12	200	Cinnarizine 25mgs	
13	400	Ciprofloxacin 500mgs	
14	500	Clarithromycin 500mgs	
15	15	Clobetasol Propionate Cream 5g	
16	15	Clobetasol Propionate Ointment 5g	
17	200	Cloxacillin 500mgs	
18	600	Co-Amoxiclav 500/125mgs	
19	700	Ebastine Betamethasone	
20	400	Fluocloxacillin 500mg	
21	300	Paracetamol + HNBB	
22	300	Ibuprofen + Paracetamol	
23	20	Ipratropium Salbutamol Pulmoneb	
24	200	Loperamide	
25	200	Lozenges (Orange Flavor)	
26	600	Mefenamic Acid 500mgs	
27	60	Na Alginate 500mgs Na Bicarbonate 267mgs Ca Carbonate 160mgs	
28	10	Mometasone Cream 5g	
29	15	Mupirocin Ointment 5g	
30	800	Omeprazole 40mgs	
31	500	Paracetamol	
32	1600	PNPL Capsule	
33	5	Eye Mo Red Eyes	

Kindly attached the sample photos and design of the offered items

AUTHORIZED SIGNATORY:_____

(Signature over Printed Name)

DATE :_____

Annex "C"

Terms and Conditions

TERMS AND CONDITIONS

- Bidder shall type or write in "Ink" the following on the Price Quotation Form:
  - Name of Store
  - Address
  - PhilGEPS Registration No. / Organization No.
  - TIN
  - Authorized Signatory
  - Date
  - Contact Nos.
  - Email Address

- Submit the filled-up (Annexes A and B) Forms manually or thru email at the following address;

- **Manually** : PEZA Clinic, 8th Floor Double Dragon Center West Building, DD Meridian Park , Macapagal Avenue, Pasay City

  Email: janette.cabral@peza.gov.ph

- Delivery Period: 15 calendar days upon receipt of NOA/ Contract/ PO/ WO /
- Terms of Payment: Through Cheque / 15 working days upon receipt of Original Sales Invoice / Billing Statement.

- Winning Bidder must deliver the items/services to the following address:
  8th Floor DoubleDragon Center West Building, DD Meridian Park, Macapagal Avenue, Pasay City.

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