

Republic of the Philippines
Province of Nueva Ecija
Municipality of Talavera

Purchase of Medical Supplies & Medical Equipment for Municipal Health Office (PCSO)
Municipality of Talavera

BID FORM

Date: _____

To: **ALFREDO S. ATRAJE**
BAC Chairman
Local Government Unit of Talavera
Talavera, Nueva Ecija

We, the undersigned, declare that:

- (a) We have examined and have no reservation on the Bidding Documents (Bids), for the above projects.
- (b) We offer to execute the Works for this Contracts in accordance with the Bid and Bid Data Sheet, General and Special Conditions of Contract accompanying this Bid;

The total price of our Bid for the above projects, excluding any discounts offered in item (d) below is:

_____ (**Php** _____)

The discounts offered and the methodology for their application are: n/a ;

- (c) Our Bid shall be valid for a period of one hundred twenty (120) days from the date fixed for our Bid submission deadline in accordance with the Bidding Documents, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
- (d) If our Bid is accepted, we commit to obtain a Performance Security in the amount of ten (10%) percent of the Contract Price for the due performance of the Contract,
- (e) Our firm including any subcontractors or suppliers for any part of the Contract are all Filipino citizen,
- (f) We are not participating, as Bidders, in more than one Bid in the bidding process, other that alternative offers in accordance with the Bidding Document;
- (g) Our firm, it affiliates or subsidiaries, including any subcontractors of suppliers for any part of the Contract, has not been declared ineligible by the Funding Source;
- (h) We understand that this Bid, together with your written acceptance thereof included in your notification of award, shall constitute a binding contract between us, until a formal Contract is prepared and executed; and
- (i) We understand that you are not abound to accept the Lowest Evaluated Bid or any other Bid that you may receive.

Name : _____

In the capacity of : _____

Signed : _____

Duly authorized to sign the Bid for and on behalf of: _____

Date Signed : _____

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SUMMARY OF BID PRICES

(All Parts of Bill of Quantities)

Instructions for completing the Summary of Bid Prices:

1. Part No. – Enter the “Part No.” for each section of the BOQ where unit prices are entered.
2. Part Description – Enter the “Part Description” corresponding to the “Part No.”
3. Total Amount – Enter the “Total Amount” in Pesos for all pages having the same “Part Description”

Part No.	Part Description	Total Amount
1	Medical Supplies & Medical Equipment	

Name : _____ in the Capacity of _____

Signed : _____ Date : _____

Duly authorized to sign the Bid for and on behalf of _____

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BILL OF QUANTITIES

(Column (1), (2), (3) and (4) are to be filled up by the Procuring Entity)				(Column (5), and (6) are to be filled up by the Bidder)	
Pay Item No.	Description	Unit	Quantity	Unit Price (Pesos)	Amount (Pesos)
(1)	(2)	(3)	(4)	(5)	(6)
1	Paracetamol Drops	50	btls		
2	Paracetamol Syrup	50	btls		
3	Paracetamol Tablet	3	boxes		
4	Carbocisteine Drops	50	btls		
5	Carbocisteine 250mg Syrup	50	btls		
6	Carbocisteine 500mg Capsule	3	boxes		
7	Amoxixillin 500mg Capsule	3	boxes		
8	Nifedipine 50g Softgel	3	boxes		
9	Phenylpropanolamine Drops	51	btls		
10	Phenylpropanolamine Syrup	50	btls		
11	Phenylpropanolamine Tablet	3	boxes		
12	Salbutamol+Guafenesin Capsule	3	boxes		
13	Salbutamol+Guafenesin Syrup	50	btls		
14	Micropore Tape	2	boxes		
15	Silk Suture	2	boxes		
16	Ambroxol Tablet	3	boxes		
17	Ambroxol Drops	50	btls		
18	Ambroxol Syrup	50	btls		
19	Decycloverine Syrup	50	btls		
20	Decycloverine Tablet	3	boxes		
21	Aluminum +Magnesium Tablet	2	boxes		
22	Aluminum +Magnesium Syrup	50	btls		
23	Loperamide Capsule	3	boxes		
24	Oresol	3	boxes		
25	Multivitamins Drops	50	btls		
26	Multivitamins Syrup	50	btls		
27	Multivitamins Capsule	3	boxes		
28	Diphenhydramine Syrup	50	btls		
29	Chlorophenamine Tablet	3	boxes		
30	Cotrimoxazole 200/40g Syrup	50	btls		
31	Cotrimoxazole 800/160g Tablet	3	boxes		
32	Doxycycline 100mg	5	boxes		
33	BP Apparatus Non-Mercurial, with adult and	1	pc		
	Cuff Desk Type				

34	BP Apparatus Non-Mercurial, with adult and cuff, Stand Type	1			
35	Cervical Inspection set/Vaginal Speculum	1	pc		
36	Dressing Set	1	set		
	a. Surgical Scissors Straight (1 pc)				
	b. Surgical Scissors Curved (1 pc)				
	c. Bandage Scissors (1 pc)				
	d. Pick Up (Ovum Forceps) (1 pc)				
	e. Mosquito Forceps (2 pcs)				
	f. Tissue Forceps with Teeth (2 pcs)				
	g. Tissue Forceps without Teeth (2 pcs)				
	h. Suture Removal Scissors				
37	Examining Table with Stirrup	1	unit		
38	Fetal Doppler	1	unit		
39	Instrument Table	1	unit		
40	Minor Surgical Set/Cutdown	1	unit		
TOTAL					

AMOUNT IN WORDS _____

Submitted by:

 Name and Signature of Bidder's/Representative

Date : _____

Position : _____

Name of Bidder : _____