

Republic of the Philippines  
Province of Nueva Ecija  
Municipality of Talavera

Purchase of Drugs & Medicines (PEP Cat 2 & 3/PFPR Philhealth)  
Municipality of Talavera

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**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	Purchase of Drugs & Medicines (PEP Cat 2 & 3/PFPR Philhealth)	

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	Rabipur	20	vials		
2	Verorab	75	vials		
3	HRIG	10	vials		
4	ATS 3,000 IU	40	vials		
5	Cotrimoxazole 800mg	121	boxes		
6	Lagundi Tablet	110	boxes		
7	Sulfur Ointment	100	tubes		
8	Salmeterol Inhaler	100	pcs		
9	Simvastatiine 10mg	100	boxes		
10	Gliclazide 80mg	100	boxes		
<b>TOTAL</b>					

AMOUNT IN WORDS \_\_\_\_\_  
\_\_\_\_\_.

Submitted by:

\_\_\_\_\_  
Name and Signature of Bidder's/Representative

Date : \_\_\_\_\_

Position : \_\_\_\_\_

Name of Bidder : \_\_\_\_\_