

Republic of the Philippines  
Province of Nueva Ecija  
Municipality of Talavera

Purchase of Medical Supplies (MCP/TB DOTS/NCP) and Eye Glasses use for Senior Citizen  
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 Medical Supplies (MCP/TB DOTS/NCP) and Eye Glasses use for Senior Citizen	

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	D5LRS	1000	bottles		
2	Oxytocin 10 IU	400	amp		
3	Erythromycin Eye Ointment	300	tube		
4	3cc Syringe	20	box		
5	1cc Syringe	20	box		
6	Isopropyl Alcohol 70 %	50	bottle		
7	Cotton 200g	10	pcs		
8	KY Jelly	10	pcs		
9	IE Gloves Size 7	10	box		
10	Amoxicillin drops	200	bottle		
11	Amoxicillin 500mg cap	1000	cap		
12	Mefenamic Acid 500 m cap	1000	cap		
13	Lidocaine	100	bottles		
14	Chromic 3-0	20	box		
15	Micropore	20	box		
16	Povidone Iodine	10	gal		
17	Surgical Mask	10	box		
18	Ampicillin 250mg/vial	100	vial		
19	Gentamicin 40mg Tab	20	amp		
20	Methylophia 250mg tab	100	tab		
21	Furosemide 10mg	100	tab		
22	Insulin Syringe	120	box		
23	Abvocath G20	1000	pcs		
24	Macroset	1000	pcs		
25	Streptomycin	380	1g Vial		
26	Isoniazid+Rrifampicin+Ethambutol	200	tablet		
27	Isoniazid+Rifampicin+Pyrazinamide+Etham	199	tablet		
28	3cc Syringe	5	boxes		
29	Isoniazid	300	bottles		
30	Rifampicin	300	bottles		
31	Pyrazinamide	300	bottles		
32	Newborn Screening Test Kit	100	pcs		
33	Ace Inhibitor/Captopril 50mg tab	2000	tablet		
34	Aspirin 80 mg	1000	box		

35	Thiazide Diuretic- Hydrochlorthiazide	1000	box		
36	Simvastatin 40 mg	3000	box		
37	Hrdrocortisone 50mg/ml	99	box		
38	Prednisone 10mg/ml	190	box		
39	Salmeterol+Fluticasone	200	box		
40	Ipratropium+ Fluticasone	100	box		
41	Ipratropium + Salbutamol	200	box		
42	Formoterol + Budesonide	200	box		
43	Erythromycin 500mg	2999	box		
44	Nitrofuration	200	box		
45	Ciprofloxacin 500 mg	3000	box		
46	Co- Trimozacole 800 mg	3000	box		
47	Ipratropium 250 mg/ml:2ml	100	box		
48	Lagundi Tablet 300 mg	2000	box		
48	Eye Glasses	643	pcs		
TOTAL					

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

Submitted by:

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

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

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

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