

Republic of the Philippines
Province of Nueva Ecija
Municipality of Talavera

Purchase of Medicines & Medical Equipment (Philhealth Cap Fund/ DOH (BUB)
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	Medicines & Medical Equipment (Philhealth Cap Fund/ DOH (BUB)	

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	Ferrous Sulfate w/ Folic Acid	60	bxs		
2	D5LR with Venoset Macro & Abbocath G22	500	btls		
3	Cord Clamps	15	bxs		
4	Sterile Gloves Size 7	100	bxs		
5	Sterile Gauze	75	bxs		
6	Metehergin Amps	20	bxs		
7	Oxytocin Amps 10ml	40	bxs		
8	Suction Tips	154	pcs		
9	Sterile Water for Injection	51	btls		
10	3cc Syringe	50	bxs		
11	1cc Syringe	50	bxs		
12	Isoprophyl Alcohol 70%	50	btls		
13	Cotton 200g	34	pcs		
14	KY Jelly	45	pcs		
15	IE Gloves Size 7	50	bxs		
16	Amoxicillin Drops	290	btls		
17	Amoxicillin 500mg Cap	200	bxs		
18	Mefanamic Acid 500mg Cap	150	bxs		
19	Terramicyn Tube Eye Ointment	80	pcs		
20	Lidocaine	50	btls		
21	Chromic 3-0	80	bxs		
22	Micropore	4	bxs		
23	Povidone Iodine	6	gals		
24	Surgical Mask	3	bxs		
25	Ampicillin 250mg/vial	55	bxs		
26	Gentamicin 40mg/amp	55	bxs		
27	Methylopiia 250mg Tab	5	bxs		
28	Furosemide 10mg	5	bxs		
29	Rifampicin Syrup	110	btls		
30	Isoniazid Syrup	157	btls		
31	Pyrazynamide Syrup	219	btls		
32	New Born Screening Test Kit	100	pcs		
33	BP Apparatus	15	units		
34	Stethoscope	15	units		

35	Fetal Doppler	3	units		
36	Wheel Chair	3	units		
37	Drape w/ Stand	3	units		
38	Emergency Light	6	units		
39	Digital Weighing Scale	1	unit		
TOTAL					

AMOUNT IN WORDS _____
 _____.

Submitted by:

 Name and Signature of Bidder's/Representative

Date : _____

Position : _____

Name of Bidder : _____