

Republic of the Philippines
Department of Agriculture
BUREAU OF ANIMAL INDUSTRY
Visay as Ave., Diliman, Quezon City
GaB.41 sa Pag-unlad ng Paghahayupan
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F	ebruary 17, 2023	
·	Date	

REQUEST FOR QUOTATION SMALL VALUE PROCUREMENT

INSTRUCTION:

- Bidders are required to read the instructions and fill all the blanks properly, Prospective Bidders/Suppliers
 are required to use this official canvass form in accomplishing their bid proposals/quotation.
- 2. Any specifications other than those required/stated in this form shall not be considered in their evaluation of bid.
- 3. Quotation must be the lowest price(s), taxes included for the item(s) services listed hereunder including delivery charges.
- 4. Always indicate the brand name of the offered items (s) or product.
- 5. Price quotation(s) submitted shall be valid for ONE HUNDRED TWENTY DAYS (120) days reckoned from the deadline for submission of quotations.
- 6. Terms of payment-Thirty (30) days from delivery of items(s)
- 7. Only sealed quotations shall be considered by BAC. The Bidders/Suppliers or Authorized Representative shall indicate on the envelope the RFQ Number and the company name of the bidder/supplier.
- 8. Awarding shall be done by LOT /CATEGORY only.
- 9. Delivery and/or Installation Period: 45-60 calendar days upon receipt of Notice to Proceed

D		DEADLINE FOR SUBMISSION OF BIDS		February 22, 2023		4:00 PM	
	FS 2023-01	-		Date		Time	
PR No.	013	End-user: MERVYN S. AGAD, DVM	ABC:115,750.00				
Qty.	Unit	Item/Description	,	ABC (PhP)	Offered brand	Unit price	Total cost
		Antibiotic Disks:					
2	cart	1. Amikacin (AK 30)		600.00			
2	cart	2. Ampicillin (AMP10)		600.00			
1	cart	3. Azithromycin (AZM15)		300.00			
2	cart	4. Cefotaxime (CTX30)		600.00			
1	cart	5. Ceftazidime (CAZ30)		300.00			
3	cart	6. Chloramphenicol (30)		900.00			
2	cart	7. Ciprofloxacin (CIP5)		600.00			
2	cart	8. Clarithromycin (CLR15)		700.00			
1	cart	9. Doxycycline (D)30)		300.00			
1	cart	10. Enrofloxacin (ENR5)		500.00			
1	cart	11. Florfenicol (FFC30)		500.00			
3	cart	12. Gentamicin (CN10)		900.00			
2	cart	13. Imipenen (IOM10)		600.00			
1	cart	14. Levofloxacin (LEV5)		400.00			
2	cart	15. Meropenem (MEM10)		600.00			
3	cart	16. Nalidixic Acid (NA30)		900.00			
4	cart	17. Penicillin (P10)		1,520.00			
2	cart	18. Streptomucin (S10)		800.00			
3	cart	19. Sulfamethopxazole-Trimethoprim (SXT25)		900.00			
2	cart	20. Tetracycline (TE30)		600.00			
2	cart	21. Tiamulin (T30)		630.00			
1	cart	22. Tilmicosin (TIL15)		500.00			
3	cart	23. Trimethoprim (W5)		1,500.00			
		Sensititre plates and reagents:					
1	set	Mcfarland Standard, 0.5-3.0 Polymer		8,000.00			
1	bot	2. Mineral Oil, 50mL		4,500.00			
1	box	Gram Positive ID Plates, 10 plates/pack		6,200.00			
1	pack	Gram Negatiove ID Plates, 10 plates/pack		6,300.00			
1	pack	5. GPALL1F MIC Plates, 10 plates/pack		5,500.00			
1	pack	6. BOPO6F MIC Plates, 10 p[lates/pack		30,000.00			
1	pack	7. BOPO7F MIC Plates. 10 plates/pack		30,000.00			
1	pack	8. 8. STP6F MIC Plates, 10 plates/pack		5,500.00			
1	pack	9. Dosing Heads, 100/pack		4,000.00			
		** Include brand name in quotation		1			
		*Expiration should be at least 1 year upon delivery					
		Delivery period:45-60 calendar days		1			
		Delivery place: BAI, ADDRL					

G-EPS Posted

RENE C. SANTIAGO, DVM, MSc.

Chair, Bids and Awards Committee

CANVASSER'S CERTIFICATION

This is to certify that I have full knowledge, authority and responsibility in distributing and/or collecting the Request for Quotation in accordance to the guidelines in securing prices for the Bureau of Animal Industry.

(Signature Over Printed Name) Authorized Canvasser

GF BAI-122 Request for Quotation Form

Rev. No.: 03 Nov. 15, 2021

In connection with the above request, I/We hereby submit our quotation indicated above. I/We have carefully read and fully understand the minimum requirements and agree to furnish and/or effect delivery in conformity with specifications any or all said articles/services described above from receipt of Purchase Order.								
Signature Over Printed Name	Name of Company	Tax Identification Number						
Telephone Number(s)	Address	(To be filled by Supplier) Date accomplished						
Mandatory Requirements for submission: ✓ Mayor's Permit (Updated) ✓ PhilGEPS Registration/Certificate (Updated)	✓ Income Tax Return (for ABCs above P500k) ✓ Omnibus Sworn Statement (For ABCs above P50K) (Unnotarized OSS may be submitted provided that the notarized OSS shall be submitted prior to issuance of Notice of Award.							

The BAI Bids and Awards Committee (BAC) Visayas Avanue, Diliman, Quezon City

Sir/Madam: