



Republic of the Philippines
OFFICE OF THE PRESIDENT
NATIONAL COMMISSION ON MUSLIM FILIPINOS
www.ncmf.gov.ph

REQUEST FOR QUOTATION

Date: April 07, 2025
RFQ No. 2025-034

Company/Business Name: _____
Address: _____
Business/Mayor's Permit No.: _____
TIN: _____
PhilGEPS Registration Number (required): _____

The **NATIONAL COMMISSION ON MUSLIM FILIPINOS**, through its Bids and Awards Committee (BAC), intends to procure the **PROCUREMENT OF LOCAL MEDICINE FOR HAJJ 2025** through **Section 53.9 (Negotiated Procurement – Small Value Procurement)** of the 2016 revised Implementing Rules and Regulations of Republic Act No. 9184.


Please submit your best offer for the item/s described and required herein, subject to compliance with the Terms and Conditions provided on this Request for Quotation (RFQ). Submit your quotation duly signed by you or your duly authorized representative **on or before 05:00 PM of April 11, 2025** addressed to:

Bids and Awards Committee
79 Jocfer Annex Building., Commonwealth Avenue, Diliman, Quezon City, Philippines
Telephone No.: (02) 5322-3400/Tel. No. (02) 8952-4540
Email: bacsecretariat@ncmf.gov.ph

Pursuant to Appendix A "Documentary Requirement for Alternative Methods of Procurement of Annex "H: of 2016 revised IRR of RA No. 9184, **the following documents are required to be submitted along with your proposal on the above set deadline** and before the issuance of the Notice of Award (for documentary requirements with stamp certified true copies from the bidder)

Document	Remarks
Copy of 2025 Mayor's or Business Permit	In case not yet available, you may submit your expired 2024 Mayor's or Business Permit with the Official Receipt of renewal application.
PhilGEPS	Submit valid PhilGEPS Certificate or PhilGEPS Red Membership
Income/Business Tax Return	For ABCs above P500,000
Omnibus Sworn Statement	For ABCs above P50,000

For any clarification, you may email us at our email address at bacsecretariat@ncmf.gov.ph


TAHIR S. LIDASAN JR., CESO II
Chairperson, Bids and Awards Committee

INSTRUCTIONS:

Note: Failure to follow these instructions will disqualify your entire quotation.

- (1) Do not alter the contents of this form in any way.
- (2) The use of this RFQ is **mandatory** to minimize errors or omissions of the required mandatory provisions.
- (3) **All technical specifications must be complied with.** Failure to comply with the requirements shall render the quotation ineligible/disqualified.
- (4) Quotations may be submitted through electronic mail at bacsecretariat@ncmf.gov.ph.
- (5) **Quotations, including documentary requirements, received after the deadline shall not be accepted.** For quotations submitted via electronic mail, the date and time of receipt indicated in the email shall be considered.

TERMS AND CONDITIONS:

- 1. Bidders shall provide correct and accurate information required in this form.
- 2. Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
- 3. Price quotation/s must be valid for a period of sixty (60) calendar days from the deadline of submission.
- 4. Price quotation/s, to be denominated in Philippine peso, shall include all taxes, duties, and/or levies payable.
- 5. Quotations exceeding the Approved Budget for the Contract shall be rejected.
- 6.. Award of contract shall be made to the lowest quotation which complies with the technical specifications, requirements and other terms and conditions stated herein.
- 7. The item/s shall be delivered according to the accepted offer of the bidder.
- 8. Liquidated damages equivalent to one-tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay.
- 9. The Procuring Entity may cancel or terminate the contract at any time in accordance with the grounds provided under RA No. 9184 and its 2016 revised IRR.

After having carefully read and accepted the Instructions and Terms and Conditions, I/we submit our quotation/s for the item/s as follows:

ITEM and TECHNICAL SPECIFICATIONS			COMPLY/NOT COMPLY
MEDICINE	UNIT	QUANTITY	
Celecoxib 200mg/capsule	100 capsules/box	30 boxes	
Mefenamic Acid 500mg/capsule	100 capsules/box	20 boxes	
Paracetamol 500mg tablet	100 tablets/box	20 boxes	
Diclofenac 50mg	100 tablets/box	5 boxes	
Ibuprofen 400mg tablet	100 tablets/box	5 boxes	
Amoxicillin 500mg/capsule	100 capsules/box	10 boxes	
Cefuroxime 500mg/tablet	10 tablets/box	30 boxes	

Ciprofloxacin 500mg/tablet	100 tablets/box	10 boxes	
Co-amoxiclav 625mg/tablet	14 tablets/box	120 boxes	
Metronidazole 500mg/tablet	100 tablets/box	5 boxes	
Azithromycin 500mg/tablet	3 tablets/box	300 boxes	
Cefalexin 500mg/capsule	100 capsules/box	10 boxes	
Cefixime 200mg/capsule	30 capsules/box	40 boxes	
Acyclovir 800mg	30 tablets/box	3 boxes	
Amlodipine 10mg/tablet	100 tablets/box	40 boxes	
Losartan 50mg/tablet	100 tablets/box	80 boxes	
Captopril 25mg/tablet	100 tablets/box	5 boxes	
Metoprolol 50mg/tablet	100 tablets/box	5 boxes	
Clonidine 75mcg/tablet	100 tablets/box	6 boxes	
Isosorbide dinitrate 5mg/tablet	30 tablets/box	2 boxes	
Tranexamic Acid 500mg	100 tablets/box	2 boxes	
Aspirin/ ASA 80mg	100 tablets/box	2 boxes	
Cetirizine 10mg/tablet	100 tablets/box	120 boxes	
Loratadine 10mg/tablet	100 tablets/box	20 boxes	
Chlorpheniramine maleate 4mg tablet	100 tablets/box	5 boxes	
Salbutamol 2mg/tablet	100 tablets/box	8 boxes	
Salbutamol 1mg/ml nebule	30 nebules/box	10 boxes	
Salbutamol + Ipratropium Bromide Nebule	30 nebules/box	10 boxes	
Salbutamol inhaler		10 pcs.	
Ambroxol 30mg/tablet	100 tablets/box	50 boxes	
Carbocisteine 500mg/capsule	100 tablets/box	30 boxes	
N-Acetylcysteine 600mg/sachet	10 sachets/box	50 boxes	
Salbutamol + Guaifenesin capsule	100 capsules/box	15 boxes	
Phenylephrine+ Chlophenhydramine+ Paracetamol 10mg/ 2mg/ 500mg	500 tablets/box	1 box	
Prednisone 20mg/tablet	100 tablets/box	2 boxes	
Lagundi 600mg/tablet	100 tablets/box	40 boxes	
Oral Rehydration Salts (ORS) sachet	25 sachets/box	15 boxes	
Metformin 500mg/tablet	100 tablets/box	10 boxes	
Ascorbic Acid 500mg/tablet	100 tablets/box	120 boxes	
Sodium ascorbate 500mg/tablet	100 capsules/box	20 boxes	
Multivitamins + Minerals capsule	100 capsules/box	20 boxes	
Vitamin B Complex 100mg/capsule	100 capsules/box	60 boxes	
Ferrous Sulfate 323mg	100 tablets/box	5 boxes	
Betahistine 16mg/tablet	100 tablets/box	8 boxes	
Cinnarizine 25mg/tablet	100 tablets/box	10 boxes	
Meclizine HCl 25mg	240 tablets/box	1 box	
Omeprazole 20mg/capsule (40mg/tab)	100 capsules/box	25 boxes	
AlMgOH (Antacid) tablet	100 tablets/box	20 boxes	
Ranitidine 150mg/tab	100 tablets/box	2 boxes	
Hyoscine-n-butylbromide 10mg/tab	100 tablets/box	3 boxes	
Loperamide 2mg/capsule	100 capsules/box	2 boxes	
Bisacodyl 5mg	100 tablets/box	2 boxes	
Allopurinol 100mg	100 tablets/box	1 box	
Colchicine 500mcg	100 tablets/box	2 boxes	

- **DELIVERY: APRIL 24, 2025**
- **MODE OF PAYMENT: SEND BILL ARRANGEMENT**

FINANCIAL OFFER:

Terms of Payment:

Payment shall be made through Land Bank's LDDAP-ADA, within thirty (30) days after Submission of Billing and User Acceptance of the product. A Bank Transfer fee shall be charged against the creditor's account.

Payment Details:

Banking Institution: _____

Account Number: _____

Account Name (should be the exact account name as registered in the bank): _____

Branch: _____

Please quote your **best offer** below. Please do not leave any blank items.

PROCUREMENT OF LOCAL MEDICINE FOR HAJJ 2025

APPROVED BUDGET FOR THE CONTRACT	TOTAL OFFERED QUOTATION (INCLUSIVE OF VAT)
TWO HUNDRED THOUSAND PESOS (PHP200,000.00)	In Words:

	In Figures:

Signature over printed name

Position Title/Designation

Office Telephone No./Mobile No.

Email Address