



REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES

Mandatory to fill in	
COMPANY NAME:	Quotation No. 23-05-247
CONTACT No.	Purchase Request No. F-2023-05-0142
Address:	Purpose: Flu Vaccine Program
TIN No.	ABC: 975,000.00
PhilGEPS Registration No.	Please indicate days of delivery: _____ Calendar Days
EMAIL ADDRESS:	upon receipt of Purchase Order

INSTRUCTIONS TO SUPPLIERS:

- 1. Please **quote your lowest price** on the item/s listed below **comprising the necessary taxes**.
- 2. It is mandatory to **indicate the brand and/or model** of the items being offered and to **attach a brochure** thereof whenever applicable
- 3. Indicate the **warranty period** in cases of equipment or whenever applicable.
- 4. Forthwith submit the accomplished quotation **duly signed by your representative**.
- 5. Suppliers are required and mandated to attach and submit the following documentary requirements:
a) Valid Mayor's/ Business Permit; b) BIR Certificate of Registration; c) Authority to Print Receipt; d) PhilGEPS Membership Certificate; e) Omnibus Sworn Statement and f) Income/ Business Tax Return
- 6. All items must conform with the **internationally accepted standard** and **sub-standard items shall not be accepted**.

ITEM NO.	ITEM & SPECIFICATION	QTY/UNIT	BRAND & MODEL OFFERED	UNIT PRICE	TOTAL PRICE
1	Purchase of Quadrivalent Influenza Vaccine	1 lot			
	Specifications:				
	- 1,200 pcs of Quadrivalent Influenza Vaccine (Split Virion, inactivated) 2023 season, 0.5 ml pre-filled syringe, with administration for the BulSU employees				
	- with Maternal indication				
	Terms and conditions:				
	1. with license to operate issued by FDA				
	2. Must provide proper waste management (in charge of disposal of used items and equipments e.g., yellow garbage bags and sharp receptacle etc.)				
	3.Supplier must be able to accommodate staggered delivery/transport of vaccines into 2 or 3 batches				
	4. Vaccines must be delivered into styrofoam cooler with cold packs or preferred proper storage				
	5. To be administered by a <u>Licensed Vaccine Administrator</u> (with relevant training) during the on-site vaccine administration for three (3) days; 2,500/day				
	6. Vaccine administrator must be able to accommodate a minimum of 200 vaccinee per day				
	7. Provide medical supplies such as alcohol, cotton, micropore tape (plaster), and other related materials				
	NOTE: Please attach brochure and indicate days of delivery				

Accomplished by:	By the authority of the University President.
<div>Supplier's Representative (Print name and Signature)</div>	<div>DR. DOLLY P. MAROMA BAC Chairman</div>
Date Accomplished : _____	Canvassed by:
	<div>Name and Signature</div>

BulSU-OP-PU-03F3
Revision: 1