



## REQUEST FOR QUOTATION / PROPOSAL

The Civil Aviation Authority of the Philippines – Central Office (CAAP-CO), through its Canvass and Contract Committee (CCC), will undertake a Small Value Procurement for the project described below for Fiscal Year 2025, in accordance with Section 34 of the **Implementing Rules and Regulations (IRR) of Republic Act No. 12009**, otherwise known as the “New Government Procurement Act.”

RFQ No.	: C25-108-10
Name of the project	: Supply and delivery of various drugs and medicine
Approved Budget for Contract (ABC)	: Php686,175.00
Terms	: See the attached Annex “A” for Terms of Reference
Location	: Procurement Division, CAAP, MIA Road, Pasay City
Delivery term	: One (1) month
Delivery time	: 8:00 AM – 4:00 PM
Delivery location	: CAAP OFSAM Annex Building

### I. SUBMISSION OF DOCUMENTS

Interested suppliers are required to submit the following valid and current documents, which must be: properly paginated, with tabbing, and placed in a sealed long brown envelope; and chronologically arranged in accordance with the list below:

1. Valid PhilGEPS Registration Certificate (Platinum Membership) – all pages;
2. Valid Mayor’s/Business Permit;
3. Valid Tax Clearance Certificate;
4. Latest Income and/or Business Tax Return (Annual or Quarterly);
5. Duly accomplished and original Omnibus Sworn Statement (OSS) in the form prescribed by the NGPA Standard Forms, and if applicable:
  - Original Notarized Secretary’s Certificate, for corporations, partnerships, or cooperatives; or
  - Original Special Power of Attorney, for joint ventures, authorizing the signatory to represent the Bidder and sign the OSS (required for ABCs above ₱50,000.00);
6. Original brochure or product literature (if applicable);
7. Duly accomplished Price Quotation Form, in the prescribed format.

Upon claiming the Contract, the winning supplier shall present the original copies of all documents listed above for verification purposes, or submit a Certified True Copy issued by the relevant government agency. However, original copies of the Omnibus



Sworn Statement, Brochure (if applicable), and Price Quotation Form must be included in the submitted sealed quotation/proposal.

## **II. QUOTATION VALIDITY AND SUBMISSION DETAILS**

All price quotations shall remain valid for a period of one hundred twenty (120) calendar days from the date of submission. Interested suppliers must submit their quotation or proposal in person, enclosed in a sealed long brown envelope, on or **November 04, 2025**, not later than 10:00 A.M., at the 3rd Floor, Procurement Division, General Services Building, Civil Aviation Authority of the Philippines, Old MIA Road, Pasay City, Metro Manila. Late submissions shall not be accepted and will be deemed non-compliant.

Addressed to:

### **THE SECRETARIAT**

Canvass and Contract Committee (CCC)  
Civil Aviation Authority of the Philippines  
Old MIA Road, Pasay City, Metro Manila

Likewise, any quotation or proposal exceeding the Approved Budget for the Contract (ABC) shall be automatically rejected.

## **III. EVALUATION AND AWARD OF CONTRACT**

The contract shall be awarded to the supplier, contractor, or consultant determined to have submitted either the Single or Lowest Calculated and Responsive Bid (S/LCRB) for goods and infrastructure projects, the Most Economically Advantageous and Responsive Quotation (MEARQ), or, in the case of consulting services, the Single or Highest Rated and Responsive Proposal (S/HRRP), in accordance with Section 66 of the Implementing Rules and Regulations (IRR) of Republic Act No. 12009.

## **IV. INSPECTION AND ACCEPTANCE**

The CAAP Technical Inspection and Acceptance Committee (TIAC) reserves the right to inspect and/or test the goods to verify compliance with the technical specifications.

## **V. OTHER CONDITIONS**

Any interlineations, erasures, or overwriting in the submitted documents shall be considered valid only if they are signed or initialed by the bidder or their duly authorized representative. In the event of delay or failure to perform contractual obligations, liquidated damages, if applicable, shall be imposed in accordance with Section 71 of the Implementing Rules and Regulations (IRR) of Republic Act No. 12009, or as otherwise provided in the contract.

Issued, this October 01, 2025 at the Civil Aviation Authority of the Philippines – Central Office Complex, Pasay City.

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for: *Spaghalineng 10/02/2025*  
**ATTY. MARK NESTER T. MENDOZA**  
Chairperson  
Canvass and Contract Committee  
Civil Aviation Authority of the Philippines



**TERMS OF REFERENCE**

NAME OF PROJECT		Supply and Delivery of Various Drug and Medicine
APPROVED BUDGET		Six hundred eighty six thousand and one hundred seventy five pesos only. ( Php 686,175.00)
DELIVERY PERIOD		One (1) month from the receipt of Notice for Compliance. <i>Note: Partial Delivery is <b>not allowed</b></i>
DELIVERY LOCATION		CAAP/ OFSAM Annex Building  <i>Note: Delivery must be made only from 8:00am- 4:00pm during regular work days.</i>  <i>A written Notice must be sent to the official e-mail address of the Procurement Division, and Supply Division at least seven (7) calendar days prior to the intended date of delivery.</i>  <i>A confirmation of availability of concerned office must be received by the supplier before proceeding with the delivery. None compliance may be ground for refusal of entry to the premises and receipt of delivery with no fault on the part of the Civil Aviation Authority of the Philippines.</i>
TERMS OF PAYMENT		Payment upon full delivery and subject to usual government accounting rules and regulations.

TECHNICAL SPECIFICATIONS	30 Bxs.	<b>Anti- Bacterial</b>
	15 Bxs.	Co-Amoxiclav 625mg. / Tab. 14's
	2 Bxs.	Cefuroxime 500mg. / Tab. 30's
	30 Bxs.	Azithromycin 500mg./ Tab. 3's
	10 Bxs.	Cloxacillin 500mg./ Tab. 100's
		Ciprofloxacin 500mg. / Tab 100's
		<b>Antihypertensive</b>
	15 Bxs.	Amlodipine 5mg. / Tab. 100's
	15 Bxs.	Lozartan 50mg. Tab. 100's
	15 Bxs.	Amlodipine 5mg. + Lozartan 50mg. Tab 100's (Tozam)
	5 Box	Telmisartan 40mg./ Tab
		<b>Analgesic/ Muscle Relaxant</b>
3 Bxs.	Paracetamol 500mg/ Tab 500's (Biogesic)	
5 Bxs.	Celecoxib 200mg./ Tab 100's	
5 Bxs.	Mefenamic Acid 500m	
	<b>Anti-Diabetic</b>	
15 Bxs.	Gliclazide 60mg. 100's	
	<b>Cough and Colds</b>	
20 Bxs.	Sinecod Forte Butamirate forte 50mg. Tab. 20's	
20 Bxs.	Sinupret Tab. 20's	
5 Bxs.	Neozep ND 100's 10mg./ 2mg./ 500mg.	
5 Bxs.	Ambroxol Forte 75mg. Cap. 100's	
5 Bxs.	Levodropropizin 90mg. Cap. 30's	
10 Bxs.	Carbocesteine 500mg. 100's	
15 Bxs.	Symdex Forte 25mg./ 2mg./ 325mg. tab 100's	
	<b>Antacid/ Anti Spasmodic</b>	
3 Bxs.	Loperamide 2mg/ Tab. 100's	
5 Bxs.	Kremil -S Tab 100's	
5 Box	Gaviscon 10ml. 24 Sachet	
10 Bxs.	Esomeprazole 40mg. tab 30's	
5 Bxs.	Mosapride Citrate 15mg. Gastiin CR 30's	
	<b>Anti-Histamine</b>	
10 Bxs	Cetirizine 10mg. Tab 100's	
5 Bxs	Loratadine 10mg. tab 100's	
10	Montelukast 10mg. + Levocetirizine 5mg. Tab. 30's	
2	Levocetirizine 5mg. 100's	

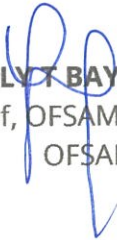
	5 Bxs	<p><b>Anti-Gout</b> Febuxostat 40mg. / Tab 100's</p>
	3 Bxs.	<p><b>Anti-Vertigo</b> Betahistine 16mg. Tab. 100's</p>
	5 Bxs.	<p><b>Lipid Regulating</b> Rosuvastatin 20mg. tab. 100's Atorvastatin 20mg. Tab 100's Silymarin (Liveraide) 125mg. Cap.100's</p>
	5 Bxs	
	10 Bxs.	
	5 Bot.	<p><b>Eye Drops</b> Naphazoline Pheneramine 15ml. (Naphcon) Carboxymethylcellulose Sodium 0.5% (Cellufresh)</p>
	10 Bot.	
	20 Tube	<p><b>Cream and Ointment</b> Mupirocin Ointment 2% Clobetasol Propionate 500mcg/ g (10g.) Silver Sulfadiazine Cream Mupirocin + Dexamethasone / Betamethasone Ointment</p>
	20 Tube	
	10 Tube	
	20 Tube	
	2 Bxs.	<p><b>Injectables</b> Tetanus Toxioid amp 10's</p>
	20 Bxs	<p><b>Vitamins</b> Sodium Ascorbic + Zinc 100's (Immuno Pro) Vitamin E + B-Complex 100' <i>Neuroforte-F</i></p>
	30 Bxs.	
		<p><b>Product/ Supplier Requirement:</b></p> <ul style="list-style-type: none"> <li>• Products must be PFDA Approved and with Bioavailability and Bioequivalence studies (Product Information). Submission of PFDA registration must be included during submission of bid.</li> <li>• Product must be listed in the Philippine National Drug Formulary.</li> <li>• The supplier must have License to Operate.</li> <li>• The expiration date of items should not be less than eighteen (18) months from the date of the delivery.</li> <li>• Underutilized or unused items which are three (3) months near the expiry period could be returned to the supplier for replacement.</li> </ul>

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Requested by:

Approved by;

  
**SHERMAN T NAZAIRE, MD**  
AME  
OFSAM

  
**ROLLYT BAYABAN, MD**  
Chief, OFSAM  
OFSAM



**PRICE QUOTATION FORM**

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

The Chairperson  
 Canvass and Contract Committee  
 Procurement Division, CAAP,  
 MIA Road, Pasay City

Sir:

After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our quotation/s for the item/s as follows:

<b>Supply and Delivery of Various Drugs and Medicine</b>				
<b>Technical Specifications</b>	<b>QTY</b>	<b>Unit</b>	<b>Unit Price</b>	<b>Total Price</b>
<b>Anti- Bacterial</b> Co-Amoxiclav 625mg. / Cap. 14's Cefuroxime 500mg. / Tab. 30's Azithromycin 500mg./ Tab. 3's Cloxacillin 500mg./ Tab. 100's Ciprofloxacin 500mg. / Tab 100's	30 15 30 5 5	Bxs Bxs Bxs Bxs Bxs		
<b>Antihypertensive</b> Amlodipine 5mg. / Tab. 100's Lozartan 50mg. /Tab 100's Amlodipine 5mg. +Lozartan 50mg. / Tab 100's (Tozam) Telmisartan 40mg./ Tab 100's	15 15 15 5	Bxs Bxs Bxs Box		
<b>Analgesic/ Muscle Relaxant</b> Paracetamol 500mg/ Tab 500's (Biogesic) Celecoxib 200mg./ Tab 100's Mefenamic Acid 500mg.	3 5 5	Bxs Bxs Bxs		
<b>Anti-Diabetic</b> Gliclaxide 60mg./ Tab 100'	5	Bxs		
<b>Cough and Colds</b> Sinecod Forte Butamirate Forte 50mg. Tab. 20's	20	Bxs		



Sinupret Tab. 20's	20	Bxs		
Neozep ND 10mg./2mg./ 500mg. Tab. 500's	5	Bxs		
Ambroxol Forte 75mg. Cap. 100's	5	Bxs		
Levodroprozin 90mg. Cap. 30's	5	Bxs		
Carbocisteine 500mg. 100's	10	Bxs.		
Symdex Forte 25mg./ 2mg./ 325mg. Tab. 100's	15	Bxs		
<b>Antacid/ Anti Spasmodic</b>				
Loperamide 2mg/ Tab. 100's	3			
Kremil -S 100's	5	Bxs		
Gaviscon Fast Action 10ml. / 24 Sachet	5	Box		
Esomeprazole 40mg. Tab. 30's	10	Bxs.		
Mosapride Citrate 15mg. Gastiin CR 30's	5	Bxs.		
<b>Anti-Histamine</b>				
Cetirizine 10mg. Tab. 100's	10	Bxs		
Loratadine 10mg. tab 100's	5	Bxs		
Montelukast + Levocetirizine 10mg./ 5mg. Tab. 30's	10	Bxs		
Levocetirine 5mg. 100's	2	Bxs.		
<b>Anti-Gout</b>				
Febuxostat 40mg. Tab 100's	5	Bxs		
<b>Anti-Vertigo</b>				
Betahistine 16mg. Tab. 100's	3	Bxs.		
<b>Lipid Regulating</b>				
Rosuvastatin 20mg. Tab. 100's	5	Bxs		
Atorvastatin 20mg. Tab 100's	5	Bxs		
Silymarin (Liveraide) 125mg. Cap. 100's	10	Bxs.		
<b>Eye Drops</b>				
Naphazoline Pheniramine 15ml. (Naphcon)	5	Bot		
Carboxymethylcellulose Sodium 0.5%	10	Bot.		
<b>Cream and Ointment</b>				
Mupirocin Ointment 2%	20	Tube		



Clobetasol Propionate 500mcg/ g (10g.)	20	Tube		
Silver Sulfadiazine Cream	10	Tube		
Mupirocin + Dexamethasone Ointment	20	Tube		
<b>Injectables</b>				
Tetanus Toxoid Amp. 10's	2	Box		
<b>Vitamins</b>				
Sodium Ascorbic + Zinc 100's (Immuno Pro)	20	Bxs		
Vitamin E + B-Complex 100's <i>Neuroforte-E</i>	30	Bxs		
<p><b>Product/ Supplier Requirement:</b></p> <ul style="list-style-type: none"> <li>• Products must be PFDA Approved and with Bioavailability and Bioequivalence studies (Product Information). Submission of PFDA registration must be included during submission of bid.</li> <li>• Product must be listed in the Philippine National Drug Formulary.</li> <li>• The supplier must have License to Operate.</li> <li>• The expiration date of items should not be less than eighteen (18) months from the date of the delivery.</li> </ul>				



(Amount in Words)

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\_\_\_\_\_The above-quoted prices are inclusive of all costs and applicable taxes.

Very truly yours,

\_\_\_\_\_  
Name/Signature of Representative

\_\_\_\_\_  
Position

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Contact No.

\_\_\_\_\_  
Email Address