

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 02.00PM)	Quotation Fee	Requesting Department	Focal Person
2	(51) IKLAN- QTN/UPP.HRIPAS/2023/PAEDITRIC (NICU)	<p>SUPPLY AND DELIVERY NEOCATE LCP (300 CANS) FOR PAEDIATRIC DEPARTMENT (NICU/SCBU) AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL</p> <p><u>PLACE OF SUBMISSION:</u> QUOTATION BOX (GROUND FLOOR) MINISTRY OF HEALTH COMMONWEALTH DRIVE BANDAR SERI BEGAWAN, BB 3910 NEGARA BRUNEI DARUSSALAM</p>	30/11/2023	23/12/2023	\$5.00	HOSPITAL RAJA ISTERI PENGIRAN ANAK SALEHA.	SURAYATI HAJI AHMAD SENIOR STAFF NURSE TEL: 2242424 ext. 7250

ITEM(S) SPECIFICATIONS FOR ADVERTISEMENT (ABOVE \$2000)

QUOTATION/TENDER REFERENCE NO:	(51)IKLAN-QTN/UPP.HRIPAS/2023/PAEDIATRIC (NICU)
QUOTATION/TENDER NAME	SUPPLY AND DELIVERY NEOCATE LCP (300 CANS) FOR PAEDIATRIC DEPARTMENT (NICU/SCBU) AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL, MINISTRY OF HEALTH

USER'S REQUIREMENTS				VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	UNIT	TOTAL QUANTITY	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/CATALOGUE NUMBER AND BRAND	RATE	TOTAL QUANTITY OFFERED	COST PER PACK (COST PER UNIT) (B\$)	TOTAL COSTS (B\$)
1.	NEOCATE LCP: - HYPOALLERGENIC MILK POWDER - 400 GM	PER CAN	300 CANS						
TOTAL PRICE (B\$) FOR ONE (1) YEAR USAGE									

NO	<u>TERMS AND CONDITIONS</u>	VENDOR'S OFFER (PLEASE STATE)
1	QUOTATION/TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF QUOTATION/TENDER.	
2	Each tenderer is allowed to quote ONE BRAND WITH ONE PRICE ONLY for each item. Submission of more than one brand and price will cause DISQUALIFICATION OF QUOTATION/TENDER.	
3	QUOTATION/TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF QUOTATION/TENDER.	
4	All consumables supplied throughout this tender <u>shall</u> have a minimum expiry date of twelve (12) months / on delivery. Should the consumables be urgently needed, provision of consumables with expiry date of less than twelve (12) months should be first agreed by the User before delivery is made.	
5	Brochures / catalogues should be submitted / attached with quotation/tender document.	
6	Samples should be submitted together with quotation/ tender or within fourteen (14 days) of the quotation/tender closing date (if applicable).	
7	DELIVERY PERIOD: (Please state) Not later than 4 weeks	(Yes / No) (If No, please specify)
8	PRICE VALIDITY: The quotation shall remain valid for 12 MONTHS from the final date for the submission of the quotation and no supplier may withdraw his/her quotation within that period. The Government reserves the right to extend this period if deemed necessary provided that such extension to the quotation validity period shall have written consent of the supplier(s).	

Section/Unit		Section/Unit Ref No.:	
Person to Contact	Name :	Tel.No. :	
	E-mail :	Fax No.:	

FOR QUOTATION ONLY

TERMS AND CONDITIONS		
a.	Tenderer must be registered with the Ministry of Health	<i>Acknowledgement:</i> <i>Company Ref. No.:</i>
b.	Please fill in the QUOTATION FORM completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF QUOTATION	I hereby certify the above quote to be correct. Signature: Name: Designation: Date:
c.	Each tenderer is allowed to quote ONE BRAND WITH ONE PRICE ONLY for each item. Submission of more than one brand and price will cause DISQUALIFICATION OF QUOTATION	
d.	Please do not use TIPPEX for amendment	

Company's Official Stamp