



Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
ROMBLON DISTRICT ENGINEERING OFFICE
Odiongan, Romblon, MIMAROPA Region (IV-B)



Name of Procuring Entity	: DPWH-RDEO	Request for Quotation (P.R. No.)	: RFQ2024-09-095
Revised on	:	Date	: SEP 16 2024
Standard Form/Title	: REQUEST FOR QUOTATION	Office/End-User	: DPWH-RDEO Clinic
COMPANY NAME	:		
ADDRESS	:		
Tel. No./FAX No.	:		TIN:

Please quote your lowest price on the item (s) listed below, subject to the Terms and Conditions stated below and submit your quotation duly signed by your representative not later than **10:00 A.M.** of **SEP 24 2024** in the return envelope attached herewith, to the BAC Secretariat for Goods.

TERMS AND CONDITIONS:

1. All entries must be typewritten or legibly written.
2. Delivery period within 10 days upon receipt of the approved funded Purchase Order (PO). Administrative penalties pursuant to Sec. 69 of the Revised IRR-RA 9184 shall be imposed of non-delivery without valid reason.
3. Warranty shall be for a minimum of three (3) months for supplies & materials, one year for equipment from date of acceptance by the end-user.
4. Price validity shall be for a period of one hundred twenty (120) calendar days.
5. PhilGEPS Registration Certificate/Mayor's Permit/DTI, Tax Clearance, and Omnibus Sworn Statement shall be attached upon submission of the quotation.
6. Bidders shall submit original brochures showing certifications of the product, if applicable.
7. Please indicate the brand for each items being offered.
8. The approved budget ceiling for this procurement is **P158,456.29**.
9. Place of Delivery is **PROPERTY AND SUPPLY UNIT**.

ELMER M. TOLENTINO
Engineer III
Chief, Construction Section
BAC Chairperson for GOODS

Item No.	ITEMS & DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE
	Supply and Delivery of Medical Supplies for Use in DPWH-RDEO Clinic, Odiongan, Romblon				
1	Sphygmomanometer and Stethoscope (Adult: Medium and Large) (Baxtel equiv.)	2	Set		
2	Diatabs, 100 cap/box (loperamide)	1	box		
3	Hyocine N-Butylbromide Buscopan 10MG/500MG (100PCS/BOX)	1	box		
4	Paracetamol, 500mg 500tab/box (Biogesic equiv.)	2	box		
5	Ascorbic Acid + Zinc, 500mg/10mg 100 cap/box (Poten-Cee + ZN equiv.)	45	box		
6	Kremil-S 100 tab/box	2	box		
7	Clonidine Hydrochloride 75 mcg 100 tab/box (Catapres, equiv.)	2	box		
8	Mefenamic Acid	1	box		
9	Povidone-Iodine, wound solution 120ml (Betadine)	3	bot		
10	Cotton Balls, 300 piece/pack	3	pack		
11	Salbutamol 1mg/ml	2	box		
12	Carbocisteine Solmux 500mg 100cap/box	1	box		
13	Allerta, Antihistamine 10mg tablet ,50 tab/box	1	box		
14	Hydrogen Peroxide 120ml	3	bot		
15	Muperocin (Ointment)	2	tube		

16	Gauze Pad	5	pack		
17	Band Aid	2	box		
18	Thermal Thermometer	1	pc		
TOTAL					
Purpose:	For Use in Use in DPWH-RDEO Clinic.				
Note:	Please avoid erasures on your price quotation. Any alteration shall not be considered and ground for disqualification.				
<p>Brand and Model: _____ Warranty: _____</p> <p>Delivery Period: _____ Price Validity: _____</p> <p>After having carefully read and accepted your General Conditions, I/We quote you on the item (s) as prices note above. If the space for delivery period, warranty and price validity are left blank, it means that I concur with the terms and conditions specified by DPWH.</p>					
Tel. No. (042) 567 - 5007			Printed Name/Signature/Date		
Email Address: alag.celestial@dpwh.gov.ph			Tel. No./Cellphone No./E-mail Address		