



Republic of the Philippines  
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS  
BUKIDNON 3RD  
DISTRICT ENGINEERING OFFICE  
REGIONAL OFFICE X  
Dicklum, Manolo Fortich, Bukidnon

Name of Procuring Entity : DPWH - Bukidnon 3rd DEO Request for Quotation (P.R. No.): 2025-06-0153  
Revised on : Date: July 1, 2025  
Standard Form/Title : REQUEST FOR QUOTATION Office/End-User: ADE/DE Office

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 \_\_\_\_\_ in the return envelope attached, to the BAC Secretariat for Goods, DPWH - Bukidnon 3rd DEO, Dicklum, Manolo Fortich, Bukidnon.

**TERMS and CONDITIONS:**

1. All entries must be typewritten or legibly written.
2. Delivery period within **30 DAYS** upon receipt of the approved funded Purchase Order (P.O.). Administrative penalties pursuant to Sec. 69 of the Revised IRR-RA 9184 shall be imposed for non-delivery without valid reason.
3. Warranty shall be for a minimum of three (3) months for supplies & materials; one year for Equipment; 3 years IT Equipment from date of acceptance by the end-user
4. Price validity shall be for a period of sixty (60) calendar days.
5. a) *DTI* business name/*SEC* registration of supplier, b) Latest *income* and *business tax returns duly stamped and received by the BIR* and duly validated with the tax payments made thereon, c) *Certificate of PHILGEPS* registration, d) Latest *Mayor's/Business permit* e) *PCAB License (Infra)* shall be attached upon submission of the quotation
6. Notarized Omnibus Sworn Statement shall be submitted prior to award.
7. Bidders shall submit original brochures of the product.
8. Please indicate the brand for each items being offered/Brand Indicated will be final/No Substitution.
9. The approved budget ceiling for this procurement is **P63,155.00**

**RAMIL GIOVANNI T. KINTANAR**  
BAC Chairperson

ITEM NO.	ITEMS & DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
1.	Paracetamol (500mg tablet 100 pcs/box)	2	box		
2.	Loperamide HCL 2MG Capsule 100 pcs/box	2	box		
3.	Mefenamic Acid (50mg capsule) 100pcs/box	2	box		
4.	Chlophenamin Maleate Paracetamol (500mg 100pcs/box)	3	box		
5.	Ibuprofen (500mg liguid gel 100 pcs/box)	2	box		
6.	Povidone Iodine 10% Solution 15ml	12	box		
7.	Ceterizine HCL 10MG tablet 100tab/box	2	box		
8.	Aluminum Hydroxide Magnesium 200mg 100pcs/box	2	box		
9.	Sterile Gauze Swab 4"x4"x12 ply per pack	60	pack		
10.	Fabric Plasters 72mmx19mm 100pcs/box	12	box		
11.	Hydrogen Peroxide 3% solution 50ml	125	bottle		
	***** Nothing Follows *****				
TOTAL AMOUNT					

Note: The awarding for this RFQ will be on lump-sum basis. Prospective Suppliers must quote for all of the items. Otherwise they will be subjected for disqualification.

**Purpose : FOR IN THE FIRST AID BOX.**

Brand and Model : \_\_\_\_\_  
Delivery Period/Term : \_\_\_\_\_

Warranty : \_\_\_\_\_  
Price Validity : \_\_\_\_\_

After having carefully read and accepted your General Conditions, I/We quote you on the item(s) at 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.

BAC-Secretariat:  
Tel. No./Fax No. 853-2204  
Mobile No. 0905-035-8267  
email: pru.buk3deo@gmail.com

Printed Name/Signature/Date

Tel. No./Mobile No./E-mail Address