



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.)	: RFQ2025-04-028
Revised on	:	Date	: APR 28 2025
Standard Form/Title:	: REQUEST FOR QUOTATION	Office/End-User/s:	: PROPERTY AND SUPPLY UNIT
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 **MAY 02 2025** 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 **P113,726.25**.
9. Place of Delivery: **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 Clinic, Odiongan, Romblon				
1	Sodium Ascorbate 100 Capsule/Box	45	box		
2	Blood Glucose Test Strips & Disposable Blood Lance Set	3	box		
3	Symdex Forte	2	box		
4	Antihistamine 100/box	2	box		
5	Ibuprofen 100/box	2	box		
6	Povidone Iodine 120ml	5	bot.		
7	Salonpas	20	box		
8	Strepsils Pouch by 2s, 12 Pouch/box	10	box		
9	Transpore Surgical Tape 3M	1	box		
10	Carbocisteine Solmux 500mg 100/Box	2	box		
11	Loperamide 100/Box	1	box		
12	Mopirocin	1	tube		
13	Biogesic 500mg (50 tablet)	1	box		
14	Aneroid Sphygmomanometer with Stethoscope	1	set		
TOTAL					
Purpose:	For Use in DPWH Clinic.				

Note:

Please avoid erasures on your price quotation. Any alteration shall not be considered and ground for disqualification.

Brand and Model: _____

Warranty: _____

Delivery Period: _____

Price Validity: _____

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.

Tel. No. (042) 567 - 5007

Printed Name/Signature/Date

Email Address: alag.celestial@dpwh.gov.ph

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