



Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
CORDILLERA ADMINISTRATIVE REGION
Engineers Hill, Baguio City



Small Value Procurement [Section 53.9]

Name of Procuring Entity: DPWH-CAR Regional Office Request for Quotation: 24GP00014

Standard Form/Title: REQUEST FOR QUOTATION Office/End user: CLINIC

COMPANY NAME :

ADDRESS :

TEL. NO./FAX NO.:

TIN No.

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 2:00 p.m. of 05 FEB 2024 in the return envelope attached herewith, to the BAC Chairman, DPWH-CAR Regional Office.

TERMS and CONDITIONS:

1. All entries must be typewritten or legibly written.
2. Delivery period within 15 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 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 sixty (60) calendar days.
5. For all Suppliers, the two (2) envelope system will be followed. The first envelope
The first envelope shall contain the following eligibility document/s:
(A) PhilGEPS Platinum Certificate (Certified Copy) or PhilGEPS Registration Number;
(B) Mayor's Permit (Certified Copy);
(C) Omnibus Sworn Statement; and
(D) Income Tax Return (Certified Copy)
The second envelope which will contain the quotation shall only be opened after the first is declared complying.
6. Bidders shall submit original brochures showing certifications of the product if applicable.
7. Please indicate the brand for each items being offered in order to evaluate conformity with specifications.
8. Suppliers must have a physical office/shop with trade name displayed and inventory of supplies / goods.
9. The approved budget ceiling for this procurement is **Php 582,668.25**
10. Source of Fund: **EAO**

EnP REX B. PADERES, MNSA

BAC Chairman

ABM

JBL

LTM

OGG

Item no	ITEMS & DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE
	24GP00014 - Procurement of Medicines for use of DPWH-CAR personnel's medical and wellness purposes and clinic use in relation to administrative overhead				
1	Acetylcysteine 600 mg/ effervescent tablet, 20 effervescent tablet/ box	50	box		
2	Amlodipine 10 mg/tablet, 100 tab/box	5	box		
3	Aluminum Hydroxide 225, Magnesium Hydroxide 200 mg per 5 ml suspension, Oral Suspension 120 ml/bottle	10	bottle		
4	Betahistine hydrochloride 16 mg/tablet, 100 tab/ box	5	box		
5	Bethamosone Valerate Cream 0.1%/ 5g tube	5	box		
6	Butamirate Citrate 50 mg/tablet, 100 tabs/box	5	box		
7	Calamine 8% lotion, 60 ml/bottle	5	bottle		
8	Cefuroxime 500 mg/tablet, 10 tabs/box	100	box		
9	Celecoxib 200 mg/capsule, 100 caps/box	3	box		
10	Chlorphenaramine maleate 4mg/tablet	10	box		
11	Chlorhexidine oral gargle 0.12%/60 ml bottle	20	bottle		

Item no	ITEMS & DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE
12	Clonidine 75 mcg/tablet, 100 tabs/box	1	box		
13	Co - Amoxiclav 625 mg (500 mg amoxicillin + 125 mg potassium clavulanate per tablet) 14 tabs/box	100	box		
14	Domperidone 10 mg/tablet, 100 tabs/box	5	box		
15	Eperisone 50 mg/tab, 100 tabs/box	10	box		
16	Hypromellose Ophthalmic Solution, 0.3%, 10ml bottle	5	bottle		
17	Hyosine Butylbromide (HNBB) 10 mg/tab, 100 tab/box	5	box		
18	Hyosine Butylbromide (HNBB) 20 mg/mL, 1 mL Ampule, 10 ampules/ box	1	box		
19	Lagundi 600 mg/tablet, 100 tabs/box	10	box		
20	Loratadine 10 mg/tablet, 100 tabs/box	5	box		
21	Losartan 50 mg/ tablet, 100 tabs/box	5	box		
22	Mefenamic Acid 500 mg/tab, 100 tab/box	5	box		
23	Metoclopramide 10 mg/tab	5	box		
24	Mupirocin 20 mg/g 2% w/w Ointment tube, 5 g	10	Tube		
25	Oral Rehydration Salts per liter of water 25 sachets/box	20	Box		
	Sodium chloride 2.6 g				
	Trisodium citrate dihydrate 2.9 g				
	Potassium chloride 1.5 g				
	Glucose anhydrous 13.5 g				
	Total weight 20.5 g				
26	Omeprazole 40 mg/capsule, 30 cap/box	20	box		
27	Omeprazole 40 mg vial + 10 mL Sterile water	50	vial		
28	Paracetamol 500 mg/ tablets, 500 tab/box	1	box		
29	Salbutamol Neb 1mg/ml (2.5 mg/ 2.5 ml) nebule solution 20 nebules/box	10	pack		
30	Tramadol 50 mg/capsule, 30 tabs/ box	2	box		

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) at prices note above. If the space for delivery Period, Warranty and Price Validity are left blank, it means disqualification.

Tel No.

Telefax:

Printed Name/Signature/Date

(074) 424 1018

(074) 444-8838

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

dpwhcarbacc@yahoo.com