

RO6.21 TCS/GJTM/RDT

Republic of the Philippines

DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

NEGROS OCCIDENTAL 2ND DISTRICT ENGINEERING OFFICE

Sinalbagan, Negros Occidental



	Bindibagan, i	Negros Occidentar						
Name o	of Procuring Entity: NEGROS OCCIDENTAL 2ND DEO		Request for C	ouotation(P.R. No.):	2024-08-078			
Revised	d on :		Date: Septe	mber 12, 2024	ABC: Php94,871.00 Office of the Assistant			
Standar	rd Form/Title: REQUEST FOR QUOTATION		Of	fice/End-user:	District Engineer			
Mode of	of Procurement: Shopping under Section 52.1 (b)							
	PANY NAME:		PHILGEPs No.:					
	ADDRESS:		то	CC No.:				
TEL. N	NO./FAX NO.:			N:				
Enginee	submit your quotation for the item(s) listed below, which may be ering Office, Binalbagan, Negros Occidental, or thru registered mail,	racsimile or mail, no	l later triair <u>s</u>	0.00 A.M. OF DEE	COMPANIE TO THE PARIE TO THE PA			
Quotati conditio	ion may be submitted open or sealed and should be duly signed ons, hereof.	d by the firm's own	er or author	ized representative	e subject to the terms and			
	S AND CONDITIONS:							
1. All 6	entries must be typewritten or legibly written.	(gradem) care received to						
2. Deli	ivery period must be within <u>30 working days</u> upon receipt of the a	pproved funded Purc	hase Order (P.O.). Administrativ	e penaities pursuant to			
Sec	c. 69 of the Revised IRR-RA 9184 shall be imposed for non-delivery v	without valid reason.						
3. War	rranty shall be for a minimum of three (3) months for Supplies and o	one (1) year for Equip	oment from o	late of acceptance	by the end-user.			
4. Pric	ce validity shall be for a period of sixty (60) calendar days.							
5. Phi	ilGEPS Registration Certificate and Mayor's/Business Permit	shall be attached upo	on submissio	n of the Quotation.				
DTI	I/SEC and Latest Tax Clearance shall be submitted before the aw	vard of the Purchase	Order (P.O.).					
6. Bide	ders must quote for all of the items. Indicate offered brand and moc	del. Any erasure, corr	ection or alte	eration made by the	e bidders in			
anv	of the items shall render the bid non-complying, hence, a ground for	or disqualification.						
7. The	e DPWH reserves the right to accept or reject any bid, to annul the b	oidding process, and	to reject all b	ids at any time pri	or to contract award withou			
	ereby incurring any liability to the affected bidder.							
	Assistant BAC	District Engineer Chairperson		UNIT PRICE	TOTAL PRICE			
Item No.	ITEMS and DESCRIPTION	QTY.	UNIT	UNII PRICE	TOTAL PRIOR			
	P.R. NO. 2024-08-078 (SUBM No. 2024-09-05):	-	++					
	Procurement of Common Medicine/Equipment for use i	n	+					
	Administrative Section, Finance Section and Quality		+					
	Assurance Section within the DPWH Negros Occidental							
_	2nd District Engineering Office, Binalbagan Negros Occidental (consolidated).							
-	Occidental (consolidated).							
1	Alcohol, 500ml, Isoprophyl	32	bot.					
2	Alcohol Denatured	6	gal.					
3	Carbocisteine (500mg)	100	capsule					
4	Cetirizine (10mg)	300	tablet					
5	Cotton Balls 100's	3	pack					
6	Disposable Facemask	39	box	***************************************				
7	Glucometer Monitor	1 1	pc.					
Please	e specify brand names & model, if applicable.		Manash					
	and Model:		Warranty: Price Validi	tv:				
	ery Period: After having carefully read and accepted your General Conditions, I/We quo Validity are left blank, it means that I concur with the Terms and Conditions	ote you on the item(s) a specified by DPWH.	at prices note	above. If the space f	or Delivery Period, Warranty a			
	Telefax: 3888-256/60014 maravilla.glory_june@dpwh.gov.ph			Signature Over Print Tel. No./Cellphone No.				
	of Publication PS and DPWH Website: September 13 - 18, 2024			тет. мо./сепрпопе мо	AL Man add Cos			

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NEGROS OCCIDENTAL 2ND DISTRICT





Binalbagan, Negros Occidental

ame (of Procuring Entity: NEGROS OCCIDENTAL 2ND DEO	Request for	quest for Quotation(P.R. No.): 2024-08-078						
tem No.	ITEMS and DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE				
	Lancet needle	150	pc.						
9	Loperamide (2mg)	200	capsule						
10	Mefenamic Acid (500mg)	100	capsule	· · · · · · · · · · · · · · · · · · ·					
	Mupirocin Ointment (5g)	5	tube						
12	Oral Rehydration Salt	50	sachet						
13	Paracetamol (500 mg)	500	tablet tablet						
14	Ranitidine (150 mg)	300	gal.						
15	Rubbing Alcohol, (70%) Isoprophyl	41 50	neb.						
16	Salbutamol nebule	65	box						
17	Sodium Ascorbate (500mg) 100's	1	pc.						
	Sphygmomanometer w/ Stethoscope	150	pc.						
19	Test Strips	130	pc.						
	X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-								
	TOTAL AMOUNT (Php)								
	Please specify total amount in words (Php)		-						
			1						
		 							
-									
		1							
-									
Dian	se specify brand names & model, if applicable.								
Plea	e specify braild finances of model, in approximately		Warranty						
Brand	and Model:	_	10000010000000000000000000000000000000						
Deliv	ery Period:		Price Valid	1					
	After having carefully read and accepted your General Conditions, I/We quote you of Validity are left blank, it means that I concur with the Terms and Conditions specified	n the item(s) by DPWH.	at prices note	e above. If the space i	for Delivery Period, Warranty an				
	Telefax: 3888-256/60014		Signature Over Printed Name/Date						
	maravilla.glory_june@dpwh.gov.ph	Tel. No./Cellphone No./E-mail address							
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	Dates of Publication PhilGEPS and DPWH Website: September 13 - 18, 2024								
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Website: <u>www.dpwh.gov.ph</u> Tel. No(s).: (034) 3888 256 loc 60014

